

Idaho Infant Toddler Program Policy/Procedures

January 2, 2013

Federal regulation requires changes to policies and procedures to complete a public participation process which includes a 60-day posting, with the receipt of written comments for 30 days, and public hearings. The Infant Toddler Program policy/procedures are attached for your use. The procedural manual should be considered guidance until the public participation process is completed.



Idaho Department of Health and Welfare
Division of Family & Community Services
Infant Toddler Program

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CHAPTER 1 – INTRODUCTION

The purpose of the Idaho Infant Toddler Program (ITP) policy/procedure document is to assist ITP staff and stakeholders with the policies/procedures required to implement the statewide Early (EI) Services System. By July 1, 2013, the policies and procedures in this document will be embedded in the Infant Toddler eManual.

The Individuals with Disabilities Education Act (IDEA) as amended by the Individuals With Disabilities Education Improvement Act of 2004 [20 USC 1400 et seq.], Title I, Part C and 34 CFR 303 and related regulations can be viewed by visiting the National Early Childhood Technical Assistance Center (NECTAC) website at <http://www.nectac.org/idea/idea.asp>.

Idaho Code Title 16, Chapter 1, which provides the requirements for state early intervention services can be viewed by visiting the Idaho Statutes website at:
<http://legislature.idaho.gov/idstat/TOC/IDStatutesTOC.htm>

The Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191, Title II, § 262(a), 100stat. 2024) can be viewed by visiting the Office for Civil Rights website at:
<http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html>.

Family Educational Rights and Privacy Act Regulations (FERPA), U.S.C. 1232g, 34 CFR Part 99) can be viewed by visiting: www.ed.gov/policy/gen/reg/ferpa/index.html.

Other laws, rules and policy may also apply.

CHAPTER 2 - OVERVIEW of IDAHO INFANT TODDLER PROGRAM

The Infant Toddler Program serves children birth to three years of age with developmental delays and disabilities and is offered statewide. An array of therapeutic, educational, and supportive services are available to assist infants, toddlers, and their families. All services provided by the Infant Toddler Program are at low or no cost to families.

Children referred to the Infant Toddler Program are evaluated to see if they meet program eligibility. If eligible, an Individualized Family Service Plan (IFSP) is developed outlining service provision for the child and their family, and the plan is reviewed every six months. The Infant Toddler Program is responsible to facilitate the child's transition to a developmental preschool program or other community programs or services by the child's third birthday.

The following lists key elements of the Infant Toddler Early Intervention process:

- Referral.
- First contacts/identification of interim service coordinator.
- Child evaluation planning.
- Evaluation/Assessment.
- Identifying family concerns, priorities, and resources.
- Identification of child's natural learning environments and daily routines.
- Identification of service coordinators.
- Individualized Family Service Plan (ISFP) outcomes development.
- Initial IFSP meeting.
- Implementation of the IFSP.
- Review and evaluation of the IFSP.
- Development of a transition plan.

CHAPTER 3 - PROCEDURAL SAFEGUARDS

Overview

Procedural safeguards are administrative activities that participating agencies and other early intervention service providers perform. These activities assure that parents/guardians of children receiving early intervention services are fully informed about service actions being proposed, refused, or carried out in relation to the needs of their child.

Procedural safeguards also guarantee to families that:

- Participating agencies and other early intervention service providers will ensure confidentiality.
- Provide access to records.
- Ensure timely provision of services.
- Provide parents with opportunities to formally resolve concerns.

Procedural safeguards help to protect the rights of the child and family who are receiving services. Federal and state mandates require the Idaho Infant Toddler Program to comply with the procedural safeguards.

Terms related to the Procedural Safeguard/Parents Rights are defined in the following paragraphs:

Early Intervention Records – All records regarding a child that are required to be collected, maintained, or used under IDEA, Part C and its implementing regulations.

Destruction of Records – The physical destruction of the record or ensuring that personal identifiers are removed from a record so that the record is no longer personally identifiable.

Disclosure – To permit access to or the release, transfer, or other communication of personally identifiable information contained in education records by any means, including oral, written, or electronic means, to any party except the party identified as the party that provided or created the record.

Mediation – A method whereby parents and service providers have an opportunity to discuss their disagreements (e.g., individual child complaints) in a non-adversarial, informal manner. It is a voluntary process that is conducted by a qualified impartial mediator and must be freely agreed to by both parties. Any party may request mediation, although parents/providers are not required to use it.

Native Language – When used with respect to an individual who is limited English proficient or LEP (as that term is defined in section 602(18) of the Act means:

- The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child.

- For evaluations and assessments, the language normally used by the child, if determined developmentally appropriate by qualified personnel conducting the evaluation or assessment.

When used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, braille, or oral communication.)

Parent – Means a biological or adoptive parent, a foster parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed in accordance with Federal regulations. The term does not include the state if the child is a ward of the State. (Authority: 20 U.S.C. 1477).

NOTE: The term parent has been defined to include persons acting in the place of a parent, such as a grandparent, stepparent or other relative whom a child lives, as well as persons who are legally responsible for the child's welfare.

Parent Consent – Written approval (parent/guardian's signature) made by parent/guardian who has been fully informed of all the information relevant to the activity for which Consent is sought, in the parent's native language or mode of communication. The parent/guardian understands Consent is voluntary and may be revoked (if consent is revoked, the revocation is not retroactive) at any time and that they may refuse consent for some activities without jeopardizing other activities.

Participating Agency – Any individual, agency, entity, or institution that collects, maintains, or uses personally identifiable information to implement the requirements of IDEA, Part C and its implementing regulations with respect to a particular child. A participating agency includes the Infant Toddler Program, service providers, and any individual entity that provides Part C services (including service coordination, evaluations and assessments, and other Part C services), but does not include primary referral sources, or public agencies (such as State Medicaid) or other private entities that act solely as funding sources for Part C services.

Personally Identifiable Information – Information including the name of the child, the child's parent(s) or other family member, the address of the child, a personal identifier, such as the child's or parents' social security numbers, or a list of personal characteristics or other information (ex: child's date of birth, place of birth, etc.) that would make it possible to identify the child with reasonable certainty.

Prior Written Notice – This notice informs parents/guardians of actions being considered or rejected for their child a reasonable time before an action is carried out, and to assist them in their decision making role about services for their child and their family.

The notice must include the action proposed or refused, the reasons for the action, and all procedural safeguards that are required under the Idaho Infant Toddler Program including a description of mediation, how to file a state complaint and due process complaint, and any timelines under these procedures.

Reasonable Time - Defined as an appropriate amount of time so that families have an opportunity to consider a proposed action for their child and be involved in an informed decision making process.

Surrogate Parent – A person assigned to represent the child whenever the parents are not known or cannot be found, or the child is a ward of the State.

Confidentiality of Information

All confidentiality related requirements apply from the time a child is referred to early intervention services until the child's records are no longer needed and are destroyed by the Infant Toddler Program.

Prior Written Notice

The intent of Prior Written Notice is to help families understand what is happening with their child and be part of the decision making process. Prior Written Notice is required at identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and their family.

Prior Written Notice must be provided a reasonable time before:

- A local participating agency or provider proposes to initiate or change the identification, evaluation, and placement of the child; or the provision of appropriate early intervention services to the child and family.
- A local participating agency or provider refuses to initiate or change the identification, evaluation, and placement of the child; or the provision of appropriate early intervention services to the child and family.

Prior Written Notice must include the following:

- Actions being proposed or refused.
- Reasons for taking the action.
- All procedural safeguards that are available under Part C, IDEA including a description of mediation, state complaint and due process hearing procedures, how to file a complaint, and the timelines for those procedures.
 - Procedural safeguards information, including all confidentiality related requirements is provided to the family using the *Child and Family Safeguards in the Part C Early Intervention System* brochure.
- Language must be understandable to the general public and in the parent's native language or other mode of communication used, unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, steps must be taken to ensure that:

- The notice is translated orally or by other means to the parent/guardian in the parent's native language or other mode of communication.
- The parent understands the notice.
- There is written evidence that these requirements have been met (e.g., documentation in a continuing service report or a copy of the Prior Written Notice in the child's records). These examples of written evidence satisfy the parent signature requirement.

If a parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent such as sign language, Braille, or oral communication.

- Information provided to the family via the *Idaho Infant Toddler Program Child and Family Safeguards* brochure ensures that the following procedural safeguards are available:
 - The right to a timely, multidisciplinary evaluation and assessment and if the child qualifies, development of an Individualized Family Service Plan (IFSP).
 - The right to receive evaluation, assessment, IFSP development, service coordination, and procedural safeguards free of charge.
 - The right, if eligible, to appropriate early intervention services for their child and family at low or no family cost. No family will be refused services because of an inability to pay.
 - The right to refuse screenings, evaluations, assessments, and services without jeopardizing other services.
 - The right to timely notice before a change is made, or refused, in the identification, evaluation, or placement of the child, or in the provision of services to the child or family.
 - The right to receive early intervention services in natural environments to the extent appropriate to meet the child's developmental needs.
 - The right to confidentiality of personally identifiable information.
 - The right to review and correct records.
 - The right to be invited to attend, and participate in all meetings in which a decision is expected. This includes proposals to change the identification, evaluation, or placement of the child; or the provision of services to the child or family.
 - The right to use an advocate or lawyer in any and all dealings with the early intervention system.

- The right to file a complaint.
- The right to request mediation or due process procedures to resolve complaints.

Identification

Written Notice for identification is required prior to proposing or refusing to do the following:

- Identify a child as needing a screening to determine whether they are suspected of having a developmental delay or disability.
- Identify a child as needing evaluations to determine eligibility for early intervention services.
- Identify a child as eligible for early intervention services.

Evaluation

Written Notice for evaluation is required prior to proposing or refusing to do the following:

- Conduct any evaluations to determine eligibility.
- Conduct any subsequent evaluations.

Placement and Provision of Service

Written Notice is required prior to proposing to initiate or change the placement and provision of early intervention services, as follows:

- Proposing/changing the location of the therapy or service.
- Proposing/changing the amount and/or type of therapy or service.

The Notice can take place during the initial Individualized Family Service Plan (IFSP) meeting, or the six-month or annual reviews.

The Individualized Family Service Plan document serves as the Prior Written Notice for proposing the services listed on the IFSP.

Written Notice is required prior to refusing to initiate or change the placement and provision of early intervention services, and takes place:

- After a child has been evaluated and determined not eligible for the Infant Toddler Program.

This could include times during six month and annual reviews when it is indicated the child has made progress and no longer meets the eligibility criteria and no longer needs service.

- When there is no available provider for a recommended service.

Consent

Parent consent is written approval by a parent (obtaining a parent's signature). Consent means the parent:

- Has been fully informed of all the information relevant to the activity for which consent is sought (whenever possible, in the parent's native language or mode of communication).
- Understands and agrees in writing to the activity for which the parent's consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released.
- Understands that the granting of consent is voluntary and may be revoked at any time.
- Understands that consent may be granted for some activities without jeopardizing other activities.

If a parent revokes consent, the revocation is not retroactive (it does not apply to an action that occurred before the consent was revoked.)

A parent's informed written consent must be obtained prior to the following activities:

- Administering screening to determine whether the child is suspected of having a developmental delay or disability.
- Conducting all evaluations and assessments.
- Conducting a family assessment.
- Providing early intervention services.
- Using public benefits or insurance or private insurance to pay for services.
- Releasing personally identifiable information.

If a parent or guardian refuses to give consent:

- The Service Coordinator makes an effort to ensure that the parent is fully aware of the nature of the screening, evaluation and assessments, or the services that would be available..
- The Service Coordinator makes an effort to ensure that the parent understands the child will not be able to receive screening, evaluation and assessments, or the services without consent.

If a parent does not provide consent, no action will be taken to coerce the parent. In this instance, the Infant Toddler Program may not use the due process or hearing procedures to challenge a parent's refusal to provide consent.

- If refusal to consent for evaluation or assessment constitutes neglect or abuse as defined in the Child Protective Act, Idaho Code Sec. 16-1601 et seq. the Service Coordinator will notify the parent of their concerns and then make a verbal or written referral to Child Protection Services.
 - The evaluation/assessment may be provided without parental consent only when ordered by a court of competent jurisdiction. If a guardian has been appointed by a court of competent jurisdiction, they may consent for the needed evaluation/assessment.

A parent may determine whether the child or other family members will accept or decline any early intervention service(s) under Part C at any time in accordance with Idaho law and federal regulations. A parent may also decline a service (except the administrative functions required under the regulations for Service Coordination) after first accepting it without jeopardizing other early intervention services under the Infant Toddler Program.

A parent has the right to written notice of, and written consent prior to

- the billing of any public or private insurance and
- the exchange of any personally identifiable information collected, used, or maintained under Part C, consistent with federal and state law.

Access to Records

An initial copy of the child's early intervention records will be made available to the parent at no charge. This includes a copy of each evaluation, assessment, family assessment, and IFSP as soon as possible after each IFSP meeting.

Each participating agency must provide parents the opportunity to inspect and review any early intervention records relating to their child that are collected, maintained, or used by the agency.

A parent's access to records includes the following:

- Parents are afforded the opportunity to inspect and review records (during business hours) regarding their family and child that relate to:
 - Assessments, screening, eligibility determinations, development and implementation of the Individualized Family Service Plan (IFSP).
 - Provision of early intervention services.
 - Individual complaints concerning the family or child.
 - Any other records of the Early Intervention Program involving the child and the child's family.

- The local participating agency must comply with a parent's request to access records without unnecessary delay and before any meeting regarding an IFSP or hearing related to identification, evaluation, placement, or provision of services for the child and the child's family and, in no case, more than 10 calendar days after the request has been made.
- The opportunity for parents to inspect and review records includes:
 - A response from the local participating agency/provider to reasonable requests for explanations and interpretations of the record;
 - The opportunity to request that the local participating agency/ provider provide records containing the information if failure to provide those copies would effectively prevent you from exercising the opportunity to inspect and review the records; and
 - Having someone who is representing you inspect and review the record.
- A local participating agency may presume that parents have the authority to inspect and review records relating to the child unless the agency has been advised that the parent does not have the authority under applicable state law or court order governing such matters as guardianship, separation, and divorce.
- Each local participating agency shall keep a written record of parties obtaining access to records collected, obtained, or used under Part C (except access by parents and authorized employees of such agency or provider), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the child's record.
- If any record includes information on more than one child, a parent may inspect and review only the information relating to the child, or to be informed of that specific information.
- Each local participating agency shall provide parents, upon request, a list of the types and locations of records collected, maintained, or used by the agency.

Fees for Records

- There is no charge to parents for the initial copy of the child's early intervention records including a copy of each evaluation, assessment, family assessment, and IFSP, as soon as possible after each IFSP meeting.
 - A local participating agency may charge a fee for additional copies of records which are made for parents under Part C, if the fee does not effectively prevent a parent from exercising their opportunity to inspect and review those records. However, agencies may not charge a fee to search for or to retrieve information under Part C.
 - There is no charge for copies of up to 99 pages. Orders of 100 pages or more will be charged per page at the customary rate established by the Program.

Amendment of Records at Parent Request

- If a parent believes that information in records collected, maintained, or used under Part C is inaccurate or misleading, or violates the privacy or other rights of the child or family, a parent may request the local participating agency/provider which maintains the information to amend the information.
 - Such participating agency must decide whether to amend the information in accordance with the request within a reasonable period of time after it receives the request; and
 - If such participating agency refuses to amend the information as requested by a parent, the parent must be informed of the refusal and be advised of the right to a hearing.

Opportunity for Hearing

- The local participating agency, on request, must provide parents an opportunity for a hearing to challenge information in the child's early intervention records to ensure that it is not inaccurate, misleading, or otherwise in violation of privacy or other rights of the child or parent. A parent may request a due process hearing as described in this document or may request a hearing under the Family Education Rights & Privacy Act (FERPA), which is found in statute at 20 U.S.C. §1232g, and in federal regulations at 34 CFR Part 99.

Results of Hearing

- If, as a result of the hearing, such local participating agency decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, it must amend the information accordingly and must inform the parent in writing.
- If, as a result of the hearing, such local participating agency decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the parent must be informed of their right to place in the records of the child, a statement commenting on the information, and setting forth any reasons for disagreeing with the decision of the local participating agency.
- Any explanation placed in the records of the child under this section must:
 - Be maintained by the local participating agency as part of the records of the child as long as the record or contested portion (that part of the record with which the parent disagrees) is maintained by such agency; and
 - If the records of the child or the contested portion are disclosed by such agency to any party, the explanation must also be disclosed to the party.

Surrogate Parent

A surrogate parent is a person who is assigned to represent the child whenever the parents are not known or cannot be found, or the infant is a ward of the State.

A parent is defined as one of the following:

- Biological or adoptive parent of a child.
- Foster parent.
- Guardian.
- Person acting in the place of a parent (e.g., a grandparent or step parent with whom the child lives, or a person who is legally responsible for the child's welfare).
- Surrogate parent who has been assigned in accordance with Sec. 303.422.

A multidisciplinary team determines whether a child needs a surrogate parent using the following criteria:

- No parent can be identified.
- The whereabouts of a parent, after reasonable efforts, cannot be determined.
- The child is a ward of the State of Idaho under the laws of the state.

Legal custody of the child and all parental rights and responsibilities for the care and custody of the child are terminated by court order or permanent entrustment agreement pursuant to applicable law. The lead agency or the judge overseeing the child's care must make a reasonable effort to assign an individual within 30 calendar days from the identified need to act as the surrogate for the child.

Once it is determined that a child needs a surrogate parent, the multidisciplinary team identifies potential surrogate parents.

The lead agency uses the following criteria to select a surrogate parent:

- Any way permitted under State law.
- The individual is not an employee of the lead agency or any other public agency or early intervention service provider that provides early intervention services, education, care, or other services to the child or any family members of the child.
- A person who is otherwise qualified to be a surrogate parent is not an employee solely because he or she is paid by the agency to serve as a surrogate parent.
- Has no personal or professional interest that conflicts with the interest of the child he or she represents.
- Has knowledge and skills that ensure adequate representation of the child.

When a child is a ward of the State or placed in foster care, the state lead agency must consult with the public agency that has been assigned care of the child in appointing a surrogate parent.

For a child who is a ward of the State, instead of being appointed by the state lead agency, a judge overseeing the child's case may appoint the surrogate parent as long as the selection meets the selection criteria above.

Potential surrogate parents include individuals involved in disability support groups, or employees of public or private agencies not involved in providing early intervention services. In addition, surrogate parents should reside in the same general geographic area as the child, whenever possible.

The lead agency verifies that the surrogate parent has knowledge and skills that ensure adequate representation of the child. A surrogate parent has the same rights as a parent for all purposes defined in IDEA, Part C.

Dispute Resolution

The Idaho Infant Toddler Program has procedures in place for the timely administrative resolution of complaints through mediation, impartial due process hearings, and administrative complaints.

If a parent disagrees with a participating agency/provider on the identification, evaluation, placement of the child, or provision of appropriate early intervention services to the parent or the child, the parent may request a timely resolution of their concerns.

The following are the three formal procedures available a parent for dispute resolution. They include:

- Mediation
- Impartial due process hearing
- Administrative complaint

The status of a child during the pendency of a due process complaint is critical due to the following:

- During the pendency of any proceeding involving a due process complaint, unless the lead agency and parent of the child with a disability otherwise agree, the child must continue to receive the appropriate early intervention services in the setting identified in the Individualized Family Service Plan (IFSP) that the parents have provided consent for.
- If the due process complaint involves an application for initial services under Part C, IDEA, the child must receive those services that are not in dispute.

Mediation

Mediation provides an opportunity for parents/providers to resolve their disagreements (e.g., individual child complaints) in a non-adversarial, informal manner. Mediation is available for disputes including any matters arising prior to the filing of a due process hearing. Mediation may occur at any point when it is requested for conflict resolution. When in conjunction with a request for a hearing, the Infant Toddler Program cannot delay time lines unless agreed upon by all parties. Parents cannot be required to use mediation and mediation may not be used to deny or delay a parent's rights.

Mediation includes the following:

- A mediation process is available as a supplement to the formal hearing process and may be voluntarily chosen by the parent. The procedures shall ensure that the mediation process:
 - Is voluntary on the part of the parties.
 - Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
- Mediation cannot be used to deny or delay a parent's right to an impartial due process hearing or any other rights afforded under Part C, IDEA. A parent can request mediation alone or simultaneously with a request for an impartial due process hearing and may refuse or withdraw from the mediation process at any time. A parent may also request mediation when filing an administrative complaint.
- The Infant Toddler Program maintains a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of early intervention services for infants and toddlers with disabilities and their families. The Department of Health and Welfare is responsible for costs associated with the mediation process related to early intervention services, including the costs of meetings.
- Each session in the mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to the parties in the dispute.
- If an agreement is reached by the parties in the dispute during the mediation, the parties must execute a legally binding agreement that sets forth that resolution and that:
 - States all discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent impartial due process hearings.

NOTE: The parties in the mediation process will be required to sign a confidentiality pledge to the commencement of such process.

- Is signed by both the parent and a representative of the Infant Toddler Program who has the authority to bind the agency.
- Written, signed mediation agreement is enforceable in any State court or competent jurisdiction or in a district court of the United States.
- Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding of any Federal court or State court of a State receiving assistance under Part C.

The mediation agreement must be to the satisfaction of both parties and must not conflict with state or federal law or policy.

Both parties must sign the mediation agreement and parties are given a copy at the end of the mediation.

- Mediation does not restrict parents from requesting an impartial due process hearing at any time. Parents may simultaneously file a request for mediation and for an impartial due process hearing.

Impartiality of Mediator

- An individual who serves as a mediator under Part C:
 - May not be an employee of the lead agency or an early intervention service provider that is involved in the provision of early intervention services or other services to the child.
 - Must not have a personal or professional interest that conflicts with the person's objectivity.
- A person who otherwise qualifies as a mediator is not an employee of the lead agency or and early intervention provider because he or she is paid by the agency or provider to serve as a mediator.

Impartial Due Process Hearing

An impartial due process hearing is a formal procedure conducted by an impartial hearing officer, and is an option for families seeking to file an "Individual Child Complaint". Families seeking an impartial due process hearing must submit their request in writing directly to the State Lead Agency explaining their complaints. The issue of concern must have occurred not more than one year before the receipt of the complaint and must include the child's name, home address, identity of the Early Intervention Program serving the child, description of the nature of the issue including facts relating to the issue, and a proposed resolution of the issue.

- Only the issues included in the due process complaint notice will be considered in the impartial due process hearing.

- The impartial due process hearing must be completed, and a written decision made within thirty (30) days of the receipt of the request unless an extension has been granted by the hearing officer at the request of either party.
- Impartial hearing officers are appointed to conduct the due process hearings.
 - Hearing officers must have knowledge about provisions of Part C and the needs of and services available for eligible children and their families.
 - Hearing officers must not be an employee of the lead agency or an early intervention services provider involved in the provision of early intervention services or care of the child.
 - Hearing officers must not have a personal conflict that may impact his or her objectivity in implementing the process.

A person who otherwise qualifies is not an employee of an agency solely because the person is paid by the agency to implement the due process hearing procedures or mediation procedures.

- Impartial hearing officers are appointed to conduct due process hearings. They must have knowledge about provisions of Part C and the needs of, and services available for, eligible children and their families and perform the following duties:
 - Listen to the presentation of relevant views about the complaint/ disagreement, examine all information relevant to the issues, and seek to reach a timely resolution of the disagreement; and
 - Provide a record of the proceedings at the cost of the state, including a written decision (hearing only.)
- Under Part C, parents are given the rights listed below in any impartial due process hearing carried out under these procedures.
 - To be accompanied and advised by counsel (at your expense) and by individuals with special knowledge or training about early intervention services for children eligible under Part C (at your expense).
 - To present evidence and confront, cross examine, and compel the attendance of witnesses.
 - To prohibit the introduction of any evidence at the hearing that has not been disclosed to you at least five calendar days before the proceeding.
 - To obtain a written or electronic verbatim (word by word) transcription of the hearing at no cost to you.
 - To obtain written findings of fact and decisions at no cost to you.

- The impartial due process hearing shall be carried out at a time and place that is reasonably convenient to the family.
- The impartial due process proceeding must be completed and a written decision must be mailed to each of the parties no later than thirty (30) days after the State Lead Agency receives the complaint. The hearing officer may grant specific extensions at the request of either party.
- Any party not satisfied by the findings and decisions of the due process hearing has the right to bring civil action in state or federal court.
- During the time period of any proceeding involving a complaint, unless the parties in the impartial due process hearing otherwise agree, the child and family will continue to receive the appropriate early intervention services being provided.

When a complaint involves an application for initial services, the child and family must be provided those services that are not in dispute.

Administrative Complaints

In addition to mediation and due process hearing procedures, an individual or organization including those from another state may file a written signed complaint against any participating agency/provider that is violating a requirement of the Part C program.

A complaint must include the following information:

- A statement that the lead agency, public agency, or early intervention services provider has violated a requirement of Part C.
- The facts on which the statement is based.
- The signature and contact information for the person filing the complaint.
- If alleging violations with respect to a specific child:
 - The child's name and address where the child resides.
 - The name of the child's early intervention services contract or early intervention services provider.
 - A description of the nature of the child's problem including facts relating to the problem.
 - A proposed resolution of the problem to the extent known and available at the time the complaint is filed.

Administrative complaints must be filed and received by the state lead agency within 1 year of the alleged violation.

The individual or agency filing the complaint must forward a copy of the complaint to the participating agency/provider serving the child at the same time the complaint is filed with the state lead agency.

Once the state lead agency has received the complaint, it has 60 calendar days (unless an extension is agreed upon by all parties, exceptional circumstances exist, or all parties agree to an extended timeline for engaging in mediation) to complete the following:

- Carry out an independent, on-site investigation, if the lead agency determines that an investigation is necessary.
- Give the individual or organization filing the complaint an opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.
- Provide the agencies/providers with an opportunity to respond to the complaint, including at the discretion of the lead agency, a proposal to resolve the complaint and an opportunity for the all parties voluntarily to engage in mediation.
- Review all relevant information and make an independent determination as to whether or not a violation of a Part C requirement has occurred.
- Issue a written decision to the person filing the complaint that addresses each allegation in the complaint and contains the findings of facts and conclusions as well as the reasons for the lead agency's final decision.

If the final decision indicates that appropriate services were not/are not being provided, the state lead agency must address the following:

- How to remediate the denial of those services including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family. This must include procedures for effective implementation of the decision, if needed, including technical assistance activities, negotiations, and corrective actions to achieve compliance.
- Appropriate future provision of services for all infants and toddlers with disabilities and their families.

The state lead agency has procedures for effective implementation of the decision, if needed, including technical assistance activities, negotiations and corrective actions to achieve compliance.

If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, of which one or more are part of that hearing, the state lead agency must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing.

However, any issue in the complaint that is not a part of the due process action must be resolved within the 60 calendar day timeline and complaint procedures described in this document.

Complaints that have already been decided in an impartial due process hearing involving the same parties cannot be considered under this procedure. The state lead agency must notify the complainant that the hearing decision is binding.

A complaint alleging a public agency's or private service provider's (including an early intervention services contractor or early intervention services provider) failure to implement a due process decision must be resolved by the Idaho's lead agency.

Contact Information

The State Lead Agency for the Part C Early Intervention System is the Idaho Department of Health and Welfare, Infant Toddler Program.

To request mediation, file a general complaint, file a request for a due process hearing, or to find out more about complaint procedures in Idaho, contact the state lead agency.

Contact the State Lead Agency at:

Idaho Infant Toddler Program

450 W. State Street

PO Box 83720 – 5th Floor

Boise, ID 83720-0036

Phone (208) 334-5514

Fax (208) 332-7331

For questions regarding local service resources, call 2-1-1 Idaho CareLine and request the nearest Idaho Infant Toddler Program Office or another appropriate resource to help resolve your concern.

Dial 2-1-1 or 1-800-926-2588

Regional Programs For additional information about regional programs and available services, call the Infant Toddler Program nearest you or log on to <http://www.infanttoddler.idaho.gov>

Region	Counties Served	Phone
Region I	Benewah Bonner Boundary Kootenai Shoshone	(208) 769-1409
Region II	Clearwater Idaho Latah Lewis Nez Perce	(208) 799-3460, Extension 1

Region III	Adams Canyon Gem Owyhee Payette Washington	(208) 465-8460
Region IV	Ada Boise Elmore Valley	(208) 334-0900
Region V	Blaine Camas Cassia Gooding Jerome Lincoln Minidoka Twin Falls	(208) 736-2182
Region VI	Bannock Bear Lake Bingham Caribou Franklin Oneida Power	(208) 234-7900
Region VII	Bonneville Butte Clark Custer Fremont Jefferson Lemhi Madison, and Teton	(208) 525-7223

CHAPTER 4 – CHILD FIND

Overview

Part C of the Individuals with Disabilities Education Act (IDEA) requires each state to develop a Child Find component for the Infant Toddler Program. Child Find is an active system designed to identify, locate, monitor, and screen infants and toddlers who are at-risk for Developmental Delays. This includes infants and toddlers who resided on Indian reservations, are homeless, in foster care, are wards of the state, or are at-risk. Children who are identified as needing evaluations are referred to the Infant Toddler Program to determine if early intervention services are needed.

The system is coordinated with all major efforts of other state agencies including:

- Special Education, State Department of Education.
- Maternal and Child Health Programs, Division of Health.
- Medicaid's Early Periodic Screening, Diagnosis, and Treatment Program.
- Idaho Developmental Disabilities Program.
- Head Start Programs, including Tribal Head Start, and Migrant & Seasonal Head Start.
- Idaho Educational Services for the Deaf and the Blind Outreach Program.
- Idaho Sound Beginnings, Early Hearing Detection & Intervention.
- State Disability Determination Services, Dept. of Commerce and Labor.
- Tribal and tribal organizations that receive money under Part C.
- Other tribes and tribal organizations, as appropriate.

The Idaho State Department of Education is the lead agency for early childhood special education services for children age's three (3) to five (5) with disabilities under Part B of IDEA. The law requires the lead agency to carry out Child Find activities for children ages three (3) to twenty-one (21). As lead agency for Part C of IDEA, the Department of Health and Welfare has the primary responsibility for Child Find activities for children ages birth to three (3). Birth to three (3) Child Find activities are ongoing and whenever possible, coordinated with local school districts during their scheduled Child Find activities.

The Infant Toddler Program identifies designated regional personnel to coordinate Child Find activities in each area of the state. Each regional program and the Regional Early Childhood Committee (RECC) has a system to locate, identify, screen, monitor, and refer infants and toddlers who may be in need of early intervention services.

Terms related to the Child Find system are defined in the following paragraphs.

Ages & Stages Questionnaire (ASQ-3) and Ages & Stages Questionnaire:Social-Emotional (ASQ-SE) – Questionnaires used through Developmental Milestones to monitor infant or toddler development. The questionnaires are sent at identified intervals to the parent/guardian to screen their child's growth and development.

ASQ-3 questionnaires are provided to parents of children between the ages of two through 36 months of age. Intervals are determined based on the needs of the child and are adjusted for prematurity for the first 24 months. The ASQ-SE questionnaires are distributed for completion at 12, and 30 months of age, but can be requested more frequently.

Parents and caregivers may access and complete the ASQ-3 and the ASQ-SE questionnaires by registering for Developmental Milestones by mail or by completing questionnaires online. To access questionnaires online, parents and caregivers are asked to visit www.InfantToddler.Idaho.gov and follow the prompts in the Developmental Milestones section of the webpage. Spanish versions of both the ASQ-3 and ASQ-SE are available by mail and online.

The Ages & Stages Questionnaires and the Ages & Stages Questionnaires: Social-Emotional were developed by Jane Squires, Diane Bricker, and LaWanda Potter at the University of Oregon. The questionnaires are available through Paul H. Brookes Publishing Co, PO Box 10624, Baltimore, MD 21285-0624. More information is available at www.agesandstages.com.

At-Risk – includes the following:

Medical/Biological Risk – Refers to children who do not have an identified disability or delay, but who have a history of prenatal, perinatal, or early developmental events and because of biological circumstances, such as a very low birth weight, prematurity, or genetic pre-disposition, have a higher than normal chance of developmental problems.

Environmental Risk – Refers to children who regardless of biological risk are vulnerable because of environmental conditions; they and their families are identified here, not in judgment of their family's life situation, but because early identification and support services can positively affect the child's development and family health.

Child Find – Several activities that can be accessed by the community. These include:

- Outreach and public awareness.
- Monitoring children at-risk for a Developmental Delay or those with a medical condition which may negatively impact the child's development.
- Developmental screenings.
- Referrals for multidisciplinary evaluations.
- Data collection and tracking.

Developmental Milestones – The monitoring component of child find that helps parents better understand and meet the developmental, social-emotional, and health and educational needs of their child.

2-1-1 Idaho CareLine (Idaho Infant Toddler Program's Central Directory) – A statewide, toll free telephone service established for providing information and referral for numerous service needs, including prenatal care, health services, child care, and early intervention services, in which callers are connected to appropriate resources serving their geographic area. Written information is available upon request. The 2-1-1 Idaho CareLine is available to the general public and can be accessed by dialing 2-1-1 or 1-800-926-2588.

Child Find Coordinator – A qualified person designated to oversee the screening and developmental monitoring functions of Idaho Infant Toddler Child Find activities for all regions of the State of Idaho.

Modified Checklist for Autism in Toddlers (M-CHAT) – The M-CHAT is a questionnaire for screening toddlers between sixteen (16) and thirty (30) months of age, to assess risk for autism

spectrum disorders (ASD). The M-CHAT is used by Developmental Milestones as a screener for all children at eighteen (18) and twenty-four (24) months of age. The M-CHAT is available in both English and Spanish language formats.

Monitoring – The periodic review of the developmental status of children who may be at-risk due to medical, environmental, or developmental issues. Typically monitoring is completed through use of ASQ-3s, ASQ-SEs, or M-CHAT developmental questionnaires.

Screening – Assessment of a child’s development in the areas of physical development, cognitive, social/emotional, communication, and adaptive skills. Screenings provide a cost effective method for the accurate identification of infants and toddlers who may require further evaluations. Screenings are conducted by qualified personnel who have met the state personnel requirements to provide early intervention services.

Outreach, Public Awareness, Central Directory

Child Find Coordinators are responsible, with assistance from the regional personnel, to educate primary referral sources and the general public about the Infant Toddler Program, Developmental Milestones monitoring and screening, referral procedures, eligibility, and the use of the 2-1-1 Idaho CareLine.

Child Find Coordinators perform the following to educate the primary referral sources and provide Outreach, Public Awareness, and general information regarding Infant Toddler Program services available to children in Idaho:

- Distributes Idaho Infant Toddler brochures and Developmental Milestones checklist to primary referral sources and the general public, as requested.
- Maintains accurate and current resource information by submitting routine updates to the 2-1-1 Idaho CareLine Coordinator.
 - Program Specialists assist with the routine updates, as appropriate.
 - Routine updates are submitted to the 2-1-1 CareLine Coordinator at least annually..
- Coordinates with the Program Specialist to share the recommendations of the Early Childhood Coordinating Council (EC3) with the Regional Early Childhood Committee (RECC).

Referrals to Child Find System

The lead agency has a responsibility to identify infants and toddlers with developmental and/or special health care needs and to coordinate the activities of the Child Find system. These activities include the monitoring and screening of those children who are considered “at risk” for developmental or health problems and referral for multidisciplinary evaluations for children who are already suspected of a delay or health care need.

There are many public and private sources in the community (referred to as primary referral sources) that make referrals to the Child Find system. Primary referral sources may include, but are not limited to:

- Hospitals
- Physicians
- Private therapists
- Nurses
- Private health clinics
- Child care programs
- Parents
- Friends or family
- District Health departments
- Developmental Disability programs
- Children and Family Services
- Other public service providers such as Head Start, Supplemental Security Income, Community Action Agencies, Medicaid, and Self Reliance.

Primary referral sources have a responsibility to initiate a referral to the Infant Toddler Program within seven (7) calendar days of identifying a child. (CFR34, Section 303.303(a)(2)(i)).

Child Find receives referrals on children at-risk for Developmental Delays or related problems from the community, coordinates the initial steps of identification and referral of the child and family, and helps assure timely and accurate assistance to obtain appropriate services.

The Child Find Coordinator, with the assistance from Program Specialist, is responsible to perform the following tasks:

- Provides outreach and information to primary referral sources about the Infant Toddler Program and how to access it.
- Distributes the Idaho Infant Toddler Program brochures and materials to primary referral sources and provides information about how to make a referral.
- Contacts families that are referred (typically by phone) to provide information about the Infant Toddler Program.
- Provides parent/guardians access, both by mail and online, to developmental screening opportunities (i.e., ASQ-3, ASQ-SE and M-CHAT questionnaires).

- Contacts parent/guardians with results of developmental screenings by mail, email or phone. Provides developmental enrichment activities and when needed, refers to the local program.
- With parental consent, provides developmental screening results to the primary medical provider.

When a referral is received from a referral source, the Child Find Coordinator:

- Determines with the family if current developmental concerns exist that warrant referral for evaluation.
- Refers a child for a multidisciplinary evaluation within seven calendar days.
- Notifies local program personnel of the referral.
- Ensures that Infant Toddler Program Brochures are provided to the parent/guardian when making a referral for a multidisciplinary evaluation.
- Provides the option to the parent/guardian to enroll their child in developmental monitoring.

When the Infant Toddler Program personnel receive a referral from the Child Find Coordinator, steps to enter the program are discussed with the family.

Making Monitoring Family Friendly

The framework for monitoring activities in the Infant Toddler Program has been established through the use of the Ages & Stages Questionnaire (ASQ-3), the Ages & Stages Questionnaires: Social-Emotional (ASQ-SE), the Modified Checklist for Autism in Toddlers (M-CHAT) and other recommended procedures. Flexibility to meet unique individual family needs is built into monitoring activities. Family friendly practices may enhance the activity for the families and increase the likelihood that the questionnaires will be returned and the answers will be reliable and valid.

Clinical judgment is used to determine the level of professional involvement with families as they are enrolled in monitoring activities. Some families may need little assistance to complete and return the questionnaires. Others may need more personal attention and support.

All parents/guardians should be provided with some basic information about how to complete the questionnaires. Approach the activity as a partnership with the family, reaching an agreement to participate and follow through. Sample questions on the questionnaires may be reviewed and discussed as an introduction to monitoring activities. Emphasize that the child is not expected to succeed on all the tasks contained in the questionnaire. Be available by phone or in person to answer questions as the parent completes the questionnaire.

Factors to be considered in assessing the need for professional involvement in the implementation of monitoring can include the family's socioeconomic status, their mental and

emotional health, reading abilities, and the child's characteristics. Telephone calls or home visits may be needed to assist the parent with completing the questionnaire. Feedback calls to all families may be provided even when scores on the questionnaire indicate normal development. Families may have questions or concerns about the results or about other aspects of development such as behavior. This call can also serve to alert the family about when to expect the next questionnaire.

Making monitoring "family friendly" may take place in many ways. By using sound clinical judgment and creativity, families are supported and encouraged to participate in monitoring at a level which is individual to their needs. Monitoring can be used to provide information and promote interest in their child's growth and development. It is a non-threatening link to other resources and services in the community. Monitoring can be a gratifying and positive learning experience for both the professional and the family.

At Risk Criteria for Monitoring

Children with the conditions discussed in the following subsections should be referred for developmental monitoring. Some of these children may be found eligible for direct services by a multidisciplinary team through the use of Informed Clinical Opinion.

Medical/Biological Risk

Due to a higher risk of developmental issues, it is important that children with medical/biological risks are referred and tracked for typical development.

These are young children who do not have an identified disability or delay, but who, because of biological circumstances have a higher than normal chance of developmental problems. The following criteria are used to identify a child's medical or biological risk:

- Respiratory Distress Syndrome (documented diagnosis in chart, differentiated from other signs of respiratory distress; must have assisted ventilation and/or **Continuous Positive Airway Pressure (CPAP)** equal to more than every four hours).
- Symptomatic hypoglycemia low blood sugar of newborn (e.g. jitteriness, seizures, lethargy).
- Neonatal seizures.
- Hypertonia or hypotonia at the newborn discharge examination (tight muscle tone or low muscle tone).
- Intracranial hemorrhage (bleeding within the skull).
- Head circumference equal or less than 5th percentile or equal to or more than 90th percentile for gestational age (excessively large or small for age).
- Birth weight equal to or less than 1800 grams (4 pounds).

- Documented diagnosis of microbial central nervous system infection: bacterial, protozoan, viral, fungal.
- Asphyxia neonatorum with **C**entral **N**ervous **S**ystem (CNS) depression or sequelae.
- **I**nteruterine **G**rowth **R**etardation (IUGR, less than 5th percentile).
- Hyperbilirubinemia equal to or more than 25mg/dl and or requiring exchange transfusion (yellow or jaundice).
- Neonatal apnea, if significant (repeated episodes, especially if accompanied by low heart rate, breathing stops, or there are long pauses).
- Risk factors for hearing impairments and /or strong family history of hearing impairment.
- Meconium aspiration (baby inhales fecal material during birth) with associated neonatal depression.
- Suspected visual impairment (e.g. nystagmus, strabismus, myopia, deficit in focus/following).
- Significant maternal/fetal concerns prior to birth:
 - Fetal distress with associated neonatal difficulty.
 - Perinatal infections such as **T**oxoplasmosis, **O**ther [Syphilis], **R**ubella, **C**ytomegalovirus, and **H**erpes Simplex Virus (TORCH); blood born disease such as hepatitis or AIDS; exposure to teratogenic drugs, chemotherapy, or environmental chemicals.
 - Other factors such as oligohydramnios, polyhydramnios, maternal substance abuse, maternal diabetes, maternal hyperthyroidism, maternal **P**henylketonuria (PKU), mother on chemotherapy or exposed to teratogenic drugs or environmental chemicals.
- Acquired medical risk (e.g. meningitis, head injury or neurological insult, chronic disease, failure-to-thrive, accidents, life-threatening episodes, etc.).

Environmental Risk

As with Medical/Biological risks, it is important that children with environmental risks are referred and tracked for typical development.

These are children who regardless of biological risk are vulnerable because of environmental conditions. They and their families are identified here not to judge the family's life situation, but because intervention services can positively impact the child's development and the family's health.

The following criteria are used to assist in the identification of a child's environmental risk:

- Parent-infant attachment risk factors (e.g. decreased responsiveness or reciprocity of infant, parental depression/withdrawal, etc.).
- Parent with significant chronic, physical, or mental health problem or with a developmental disability where supportive or therapeutic services could facilitate parenting.
- Abused and/or neglected child.
- Multi-problem or severely stressful life situation (e.g. parent perception of severe financial problems, drug/alcohol problems in family, incarceration, inadequate support systems to deal with current life challenges, homeless, poor resources, limited parent education, etc.).
- No prenatal care.
- Frequently missed appointments with physician or clinic.
- Maternal age 15 years and under.
- Foster Placement.

Additional Reasons for Monitoring

- If one twin meets eligibility criteria, the other twin is followed.
- Parental concern.
- History of sibling receiving Early Intervention services.
- Other concerns at discretion of health care professional.

Screening

Infant Toddler Program Screenings are conducted by qualified personnel, and can include assessments in all five areas of development:

- Physical (including vision and hearing)
- Cognitive
- Social/Emotional
- Communication
- Adaptive Development

Screenings are conducted in the child's native language, when possible, and should be age appropriate. The screening is at no cost to the families.

The Child Find Coordinator and/or local program personnel perform the following to coordinate screenings:

- Assures an appointment is offered to the parent/guardian for a developmental screening for their child.
- May coordinate screenings with primary physicians, high risk clinics, or other local program activities.
- Obtains written consent (permission) from the parent/guardian for screening.
- May conduct the developmental screening or make arrangements with other qualified personnel to conduct the screening.
- With parent consent, enrolls the child in developmental monitoring (Developmental Milestones), if no immediate concerns are identified.
- Refers to an appropriate health care provider or 2-1-1 Idaho CareLine for current immunization schedules.
- Forwards the results of the screening to the child's primary care physician or medical home if the parent/guardian provides a written consent to exchange information.
- Makes a referral within seven calendar days to the local program for a multidisciplinary evaluation when needed. Provides information about the multidisciplinary evaluation and the Infant Toddler Program to parent/guardian.

IDAHO INFANT TODDLER PROGRAM KEY COMPONENTS			
Children "At-Risk"	Children "Referred"	Children "Eligible"	Children "Not Eligible"
Child Find ↓	Evaluation ↓	Direct Services ↓	Child Find ↓
Public Information Developmental Monitoring Screenings Data Collection Referral for Evaluations	Multidisciplinary Evaluations Interim Service Coordination Eligibility Determination	Service Coordination IFSP Development Early Intervention Services Periodic Review Transition Planning	Public Information Developmental Monitoring Screenings Data Collection Referral for Evaluations

CHAPTER 5 - REFERRALS to INFANT TODDLER PROGRAM

Referral

There are many public and private sources in the community that make referrals to the Infant Toddler Program. Examples of primary referral sources may include, but are not limited to the following:

- Hospitals, including prenatal and postnatal care facilities;
- Physicians;
- Child care programs and early learning programs;
- Parents including parents of infants and toddlers;
- LEAs and schools’
- Friends or family;
- Child Find program;
- Public health facilities;
- Other public health or social service agencies;
- Other clinics and health care providers;
- Public agencies and staff in the child welfare system, including child protective and foster care;
- Homeless family shelters; and
- Domestic violence shelters and agencies.

Referrals should be made as soon as possible but in no case later than seven days after the child has been identified. Referrals of children under the age of three who have been subject of a substantiated case of child abuse and or neglect or have been identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure are required to be made to the Infant Toddler Program.

The initial evaluation and initial assessments of the child and family and the initial IFSP meeting must be completed within 45 days from the date the lead agency or EIS provider receives the referral of the child unless:

- The child or parent is unavailable to complete the screening, initial evaluation, initial assessment of the child and family, or
- The initial IFSP meeting due to an exceptional family circumstance or the parent has not provided consent for the screening, initial evaluation, or the initial assessment of the child and family

Documentation must exist in the child’s early intervention record that if an exceptional family circumstance occurs or repeated attempts by the lead agency or EIS provider occurred to obtain parental consent.

A screening (if applicable), initial evaluation, initial assessments (of the child and family), and the initial IFSP must be completed as soon as possible after the documented exceptional circumstances no longer exists of parent consent is obtained.

Early intervention services for an eligible child and the child's family may occur before the completion of the evaluation and assessments if the following conditions are met:

- Parental consent is obtained.
- An interim IFSP is developed that includes:
 1. The name of the service coordinator who will be responsible for implementing the interim IFSP and coordinating with other agencies and persons; and
 2. The early intervention services that have been determined as needed immediately by the child and the child's family.

In the instance an interim IFSP is developed, the required evaluations and assessments must be completed within 45 days from the date the lead agency or EIS provider receives the referral of the child.

Screening

Screening – Activities that are carried out by, or under the supervision of ITP or EIS provider to identify, at the earliest possible age, infants and toddlers suspected of having a disability in need of early intervention services and includes the administration of appropriate instruments by personnel trained to administer those instruments.

For every child under the age of three referred, the Infant Toddler Program is not required to provide an evaluation of the child unless they are suspected of having a disability or the parent requests an evaluation or make early intervention services available to the child unless a determination is made that the child meets the definition of an infant or toddler with a disability.

The Infant Toddler Program (ITP) may screen children under the age of three who have been referred to the program to determine whether they are suspected of having a disability. In this, ITP will provide parents with a notice of the intent to screen their child to identify whether the child is suspected of having a disability and obtain consent from the parent to complete the screening. The Child and Family Safeguards Brochure will be provided with the consent that provides information on the parent's right to request and evaluation at any time during the screening process.

If the screening results indicate that a child is suspected of having a disability, a notice must be provided to the family. Once parental consent is obtained, an evaluation and assessment of the child must be completed.

If the screening results indicate the child is not suspected of having a disability, a notice must be provided to the family along with the Child and Family Safeguards Brochure that describes a

parent's rights to request an evaluation. Families will also be offered the opportunity to enroll in the developmental monitoring program.

At any time during the screening process, the Infant Toddler Program must conduct an evaluation of the child if a parent requests and provides consent for the evaluation.

CHAPTER 6 - INTAKE

The Infant Toddler Program is responsible to assure the designation of an Interim Service Coordinator for every child and family referred for a multidisciplinary evaluation. The Interim Service Coordinator is an employee of a public agency or its contractor whose overall duties include the following:

- Overall coordination of access to the multidisciplinary evaluation.
- Information and referral.
- Assistance to accessing other programs and services.
- Individualized Family Service Plan (IFSP) development.
- Coordination of prior authorization of services.
- Provision of procedural safeguards.
- Other quality assurance activities.

Evaluation of the Child and Assessment of the Child and Family to Determine Eligibility

1. The Idaho Infant Toddler Program (ITP) ensures that, subject to obtaining parental consent, each child under the age of three who is referred for evaluation or early intervention services under Part C of IDEA and suspected of having a disability, receives:
 - A timely, comprehensive, multidisciplinary evaluation of the child in accordance with this section unless eligibility is established using medical and other records or by informed clinical opinion; and
 - If the child is determined eligible as an infant or toddler with a disability a multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs.
 - A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler.
 - Evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility under Part C of IDEA.
 - An initial evaluation refers to the child's evaluation to determine his or her initial eligibility under Part C of IDEA.
 - Assessment means the ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility under Part C and includes the assessment of the child.
 - Initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.
 - A child's medical and other records may be used to establish eligibility, without conducting an evaluation of the child, under Part C of IDEA if those records indicate that the child's level of functioning in one or more of the five developmental areas constitutes a developmental delay or that the child otherwise

meets the criteria for an infant or toddler with a disability.

- Qualified personnel must use informed clinical opinion when conducting an evaluation and assessment of the child.
- ITP ensures that informed clinical opinion may be used as an independent basis to establish a child's eligibility under Part C of IDEA even when other instruments do not establish eligibility; however, in no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.
- All evaluations and assessments of the child and family must be conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory.
- Unless clearly not feasible to do so, all evaluations and assessments of a child must be conducted in the native language of the child.
- Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed.
- In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility under Part C of IDEA. Procedures must include:
 - Administering an evaluation instrument;
 - Taking the child's history (including interviewing the parent);
 - Identifying the child's level of functioning in each of the five developmental areas;
 - Gathering information from other sources such as family members or other care-givers, if necessary, to understand the full scope of the child's unique strengths and needs; and
 - Reviewing medical, educational, or other records.
- An assessment of each infant or toddler with a disability must be conducted by qualified personnel in order to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs.
 - The assessment of the child must include the following:
 - A review of the results of the evaluation conducted;
 - Personal observations of the child; and
 - The identification of the child's needs in each of the five developmental areas.
- A family-directed assessment must be conducted by qualified personnel in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's infant or toddler with a disability. The family-directed assessment must:
 - Be voluntary on the part of each family member participating in the assessment;

- Be based on information obtained through an assessment tool and also through an interview with those family member who elect to participate in the assessment; and
 - Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.
- If the multidisciplinary team cannot reach consensus regarding whether the child meets eligibility criteria, evaluation data and recommendations will be reviewed by the regional supervisor to advise in eligibility determinations. The supervisor or EIS in coordination with the Program Manager will assist the MDT to make the final eligibility determination.

Note: All children determined non-eligible for early intervention are offered enrollment in the developmental monitoring program.

CHAPTER 7 - ELIGIBILITY DETERMINATION

The multidisciplinary team considers the multidisciplinary evaluation of the child and the subsequent recommendations, family situation, parent recommendations, observational information, and Informed Clinical Opinion to determine whether the child meets the criteria for Developmental Delay or Established Condition.

An eligibility determination for the child must include:

- Review of pertinent records related to the child's health status and medical history.
- An evaluation of the level of functioning, as needed, in cognitive development, physical development including vision and hearing, communication development, social/emotional development, and adaptive development.
- An assessment of the child's unique needs in terms of developmental areas and identification of services appropriate to meet those needs.
- A family-directed assessment of the resources, priorities, and concerns of the family, and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

If based on the evaluation conducted, the Infant Toddler Program determines the child is eligible for services, the Program will provide the parent with Prior Written Notice informing them that their child is eligible for services and will provide a copy of the Child and Family Safeguards brochure.

If based on the evaluation conducted, the Infant Toddler Program determines that a child is not eligible for services, the Program will provide the parent with Prior Written Notice informing them that their child is not eligible for services. The Program will also include a copy of the Child and Family Safeguards brochure that includes information about a parent's right to dispute the eligibility determination through dispute resolution mechanisms.

The evaluation report completed for eligibility will be retained in the child's permanent record. The report must include, but is not limited to, the following components:

- Eligibility comments,
- Summary of findings, and
- Recommendations for treatment.

Eligibility Categories

Categorical definitions (developmental delay and established condition) are included for purposes of reporting eligibility for funding and transition. Functional definitions which describe a child's developmental level are to be used for delivering intervention services.

1. Developmental Delay

a. Definition - These are children with or without an established diagnosis who by assessment measurements have fallen significantly behind developmental norms in one or more of the five functional areas.

b. Criteria - The degree of functional delay required for service eligibility is defined as follows:

Diagnosed by a multidisciplinary team, the child who performs 30% below age norm or exhibits a six month delay whichever is less, adjusted for prematurity up to twenty-four (24) months; demonstrates at least two (2) standard deviations below the mean in one (1) functional area; or at least one and one-half (1.5) standard deviation below the mean in two (2) or more of the following functional areas:

- (1) Cognitive development - reasoning skills or ability to problem solve.
- (2) Physical development (including vision and hearing) - gross motor skills used for postural control and movement and fine motor skills requiring precise coordinated use of the small muscles. Also includes sensory processing as well as tactile, vestibular and kinesthetic input (i.e., sensory integration, sensory processing disorders).
- (3) Communication - speech and language development - including expressive and receptive skills and non-verbal communication.
- (4) Social/Emotional development - attachment, interpersonal relationships, and interactions.
- (5) Adaptive development - daily living skills relating to feeding, dressing, hygiene, grooming.

The verification of measurable¹ delay is obtained through an evaluation process which uses at least three of the following:

1. informed clinical opinion to include observational assessment;
2. standardized development test(s);
3. developmental inventory;
4. behavioral checklist;
5. adaptive behavior measure;
6. parent interview.

¹ *Measurable delay is the difference between the child's chronological age and current level of functioning. Chronological age is the birth date of children born near term or full term. For those children born less than 37 weeks gestation, a corrected age is used to consider this prematurity in evaluating developmental achievement. This corrected age is not used after chronological age of 24 months has been reached. The ideal gestational age is 40 weeks. To determine a child's corrected age, use the following steps: Subtract the actual number of weeks gestation from 40. Then subtract the difference from the child's chronological age. This calculation will provide the child's adjusted age.*

2. Established Condition

a. Definition: These are the children with a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

b. Criteria:

1) Confirmed sensory impairments

a) Deaf-blind - Concomitant hearing and vision loss, the combination of which causes severe communication and other developmental and education problems.

b) Hearing impaired - Auditory impairments which include:

i. Hard of hearing - those children whose hearing is not included under the definition of deaf.

ii. Deaf - Those children whose impairment in hearing, whether permanent or fluctuating, that adversely affects a child's development, or impacted by a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affect a child's development

iii. Hearing loss in any degrees listed below (in one or both ears at one or more of the following frequencies--500 Hz, 1000 Hz and 4000 Hz):

Mild hearing loss -- 20-40 dB HL;

Moderate hearing loss -- 41-55 dB HL;

Moderately severe hearing loss -- 56-70 dB HL;

Severe hearing loss -- 71-90 dB HL;

Profound hearing loss -- 91 or greater dB HL; or

iv. Hearing loss (deaf or hard of hearing) that meets legal definition of such an impairment in the State of residence; or

v. Chronic Otitis Media, chronic allergies, and/or eardrum perforations which result in temporary or fluctuating hearing loss and may impair listening skills, language development, or articulation.

c) Visually impaired - Visual impairments which, even with correction, adversely affect a child's functioning. The term includes both partially sighted and blind. "Partially sighted" refers to the ability to use vision as one channel of learning if learning materials are adapted. "Blind" refers to the prohibition of vision as a channel of learning, regardless of adaptation of materials. The child has documentation of a visual impairment, not primarily perceptual in nature, resulting in measured acuity of 20/70 or poorer in the better eye with correction, or a visual field restriction of 20 degrees as determined by an optometrist or ophthalmologist.

2. Physical impairment (orthopedic)

Physical impairment means having a condition that involves muscles, bones or joints and is characterized by impaired ability to perform fine and gross motor activities or self-help skills. Diagnoses include but are not limited to:

- Spina bifida - meningocele
- spinal cord injuries
- arthritis
- severe burns
- muscular dystrophy
- loss of or deformed limbs
- transient dystonia (abnormal muscle tone including hyper and hypotonia)

3. Neurological - physiological impairments (developmental disabilities)

*A severe chronic disability that manifests itself at an early age, is likely to continue indefinitely, and results in substantial limitations in one or more of the five functional areas addressed in developmental delay.

- autism
- pervasive developmental disorder
- communication impairment - speech or language disorder in primary language
- epilepsy or other seizure disorders including neonatal seizures
- mental retardation
- cerebral palsy
- Down Syndrome
- other syndromes and chromosomal disorders
- other disorders of unknown etiology
- intracranial hemorrhage (level 3 or 4 bleed) or infarct

- Adapted from Federal and State Developmental Disability criteria.

4. Interactive disorders

Serious communication or psycho/social impairments that interfere with the infant or toddler's daily functioning and relationships. Categories under this condition include but are not limited to:

- severe, diagnosed attention deficit disorders
- disorders of attachment and
- those categories listed in Part B of I.D.E.A. or Head Start Standards under seriously emotionally disturbed or behavior disorder that are applicable to this age group.

5. Other health impairments

Health impairment is a limitation in strength, vitality, and alertness due to chronic health problem.

Diagnoses include but are not limited to

- hydrocephaly - microcephaly – encephaly

- endocrine and metabolic disorders (examples: hypothyroidism, cystic fibrosis, diabetes)
- cleft lip/palate
- feeding abnormalities/difficulties
- heart conditions
- syndromes related to mother's substance ingestion or abuse (examples: HIV +, fetal alcohol syndrome)
- illness of a chronic nature with prolonged convalescence (examples: malignancies, severe asthma, failure to thrive, leukemia, lead poisoning, recurring respiratory syncytial virus-RSV).

The program does not classify a short-term medical problem as a health impairment.

6. Medically Fragile Infant

- gestational age ≤ 32 weeks
- birth weight below 1500 grams (VLBW)
- Intrauterine growth retardation (IUGR), as diagnosed by physician, $\leq 10^{\text{th}}$ percentile
- small for gestational age (SGA) as diagnosed by physician, $\leq 10^{\text{th}}$ percentile
- respiratory distress syndrome
- central nervous system (CNS) instability as demonstrated by significant disorganized states of arousal and confirmed by a medical/therapeutic professional
- APGAR score below 6 at 5 minutes post birth

7. Prematurity (< 36 weeks gestational age) *plus* significant environmental risk, such as one or more of the following:

- Parent-infant attachment risk factors (e.g. decreased responsiveness or reciprocity of infant, parental depression/withdrawal, etc.)
- Parent with significant chronic, physical, or mental health problem or with a developmental disability where supportive or therapeutic services could facilitate parenting.
- Abused and/or neglected child.
- Multi-problem or severely stressful life situation (e.g. parent perception of severe financial problems, drug/alcohol problems in family, incarceration, inadequate support systems to deal with current life challenges, homeless, poor resources, limited parent education, etc.)
- No prenatal care.
- Maternal age 15 years and under.
- Foster placement of child

Note: The above risk factors, either singly or in combination, may also be sufficient to warrant eligibility for children born full-term.

CHAPTER 8 – SYSTEM OF PAYMENT

	Idaho Early Intervention System of Payments
ADMINISTERING ENTITY	<p>The Idaho Department of Health and Welfare (DHW), as the Governor appointed lead agency, is responsible for the development and implementation of the Idaho Infant Toddler Program (ITP), the early intervention system for infants and toddlers who have disabilities or developmental delays and their families. Idaho consistent with Part C of the Individuals with Disabilities Education Act (IDEA) has established a system of payments for early intervention services, including federal, state and private resources.</p>
INFANT TODDLER PROGRAM SYSTEM OF PAYMENTS	<p>Early intervention services provided to eligible infants and toddlers and their families are financed through multiple funding sources. Sources which may be available to finance individualized services, as appropriate, may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Title XIX of the Social Security Act (Medicaid) • Part C, Individuals with Disabilities Education Act (IDEA) • Idaho State appropriation, • Private Insurance, • Idaho State appropriation supporting Idaho Educational Services for the Deaf and Blind <p>Participants are not charged for early intervention functions or services required to be provided at public expense to eligible infants and their families by federal or state regulation. The functions and services that must be provided at public expense are:</p> <ul style="list-style-type: none"> • Child Find including Public Awareness and Referral; • Evaluation and Assessment; • Development, review and evaluation of an Individualized Family Service Plan; • Service Coordination; and • Administrative and coordinative activities related to Procedural Safeguards. <p>Although Family Cost Participation rules were passed by the legislature in 2010, they have not been implemented and will not be implemented as written. They will be realigned with current Federal requirements specified in the Part C regulations 34 CFR Parts 300 and 303 and approved by OSEP prior to implementation.</p> <p>At this time, early intervention services as defined under Part C are provided at no cost to the families served. Families are not charged family fees, copayments, or deductibles associated with receipt of early intervention services.</p>

	<p>Idaho's system of payments permit the lead agency to use part C or other funds to pay for costs such as premiums, deductibles, or co-payments</p> <p>The inability of a parent of an infant or toddler with a disability to pay for services will not result in a delay or denial of services under this part.</p>
USE OF PART C FUNDS FOR REIMBURSEMENT OF COSTS ASSOCIATED WITH USE OF PRIVATE INSURANCE RESOURCES	<p>Part C funds may be used to reimburse families costs associated with private insurance charges such as deductibles or copayments resulting from provision of early intervention services. The family may request reimbursement when completing the Financial Resources for Early Intervention form.</p>
PROCEDURAL SAFEGUARDS RE: SYSTEM OF PAYMENTS	<p>Part C staff will provide parents a copy of Idaho's System of Payments policies when obtaining consent for provision of early intervention services.</p> <p>Although early intervention services are provided at no out of pocket expense to families, the policy will inform the parents about the following procedural safeguards:</p> <p>Any parent who wishes to contest the imposition of a fee, or the State's determination of the parent's ability to pay, may do one of the following:</p> <ul style="list-style-type: none"> (i) Participate in mediation in accordance with 303.431. (ii) Request a due process hearing under 303.436 or 303.411, whichever is applicable. (iii) File a state complaint under 303.434. (iv) Use any other procedure established by the state for speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights under this part, including the right to pursue, in a timely manner, the redress options listed above.
PAYOR OF LAST RESORT	<p>Federal and state regulations require that any and all other resources be utilized toward the cost of services. Part C funds are not used to replace other sources of payment, including other governmental agencies and are used as payor of last resort. The lead agency makes final authorization for payment for provision of services where no other resource is available.</p> <p>Part C funds may be used to prevent a delay in the timely provision of early intervention services, pending reimbursement from the agency or entity that has the ultimate responsibility for the payment.</p> <hr/> <p>The lead agency, with assistance from the Early Childhood Coordinating Council, has the responsibility for identifying and coordinating all available resources for early intervention services within the state, including those from the following federal, state, local, and private sources:</p> <hr/> <ul style="list-style-type: none"> 1. The Idaho Infant Toddler Program federal grant from US Department of Education; 2. State General Funds including specific funds to serve

	<p>infants and toddlers with disabilities and their families;</p> <ol style="list-style-type: none"> 3. EPSDT, Medicaid, and Medicaid Waivers; 4. Social Security Supplemental Income under the Social Security Administration; 5. The Bureau of Clinical and Preventative Health Services through the MCH Title V Block Grant funds including WIC, Newborn Screening Special Health Care Programs, Home visiting program; 6. State Department of Education, Part B, Section 619 of the Individuals with Disabilities Education Act and Even Start; 7. District Health Departments; 8. Idaho Council on Developmental Disabilities; 9. Head Start including Migrant and Season Head Start and Native American; 10. Bureau of Indian Affairs and Indian Health Services; 11. Private resources such as Elks Rehabilitation Center, Hospital NICUs, local high risk clinics, diagnosis specific support groups such as the Epilepsy League, United Cerebral Palsy, ARC, etc; and 12. The Bureau of Family and Community Services (Social Services Block Grant) including Child Welfare; 13. The Child Care and Development Grant. <p>The lead agency, with assistance from the Early Childhood Coordinating Council, has the responsibility for updating the information on funding sources if legislative or policy change is made under any of those sources.</p>
PAYMENT FOR TRANSITION RELATED SERVICES	<p>In accordance with state and local interagency agreements, Part C funds may be used to provide a free and appropriate public education in accordance with Part B to children with disabilities from their third birthday to the beginning of the following school year.</p>
SYSTEM OF PAYMENT PENDING RESOLUTION OF DISPUTES	<p>The system for delivery of services in a timely manner pending the resolution of disputes among agencies or service providers is the responsibility of the Department of Health and Welfare and includes:</p> <ol style="list-style-type: none"> 1. The lead agency will ensure that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities. 2. During pendency of disputes regarding the payment or cost for services, the Department of Health and Welfare will assign fiscal responsibility to an agency or pay for the services with Part C funds in accordance with the payor of last resort provision; 3. In final determination of eligibility and financial

	<p>responsibilities the assigned agency will make arrangements for reimbursement of any expenditures incurred by the agency originally assigned the responsibility including Part C;</p> <ol style="list-style-type: none"> 4. In cases where Part C as payor of last resort provided funding and the final determination of eligibility and financial responsibilities determines another agency responsible, then the reimbursement to the lead agency will be within 60 days. 5. Further disputed decision resolution will be the responsibility of the Director of the Department of Health and Welfare; and 6. If, on resolving dispute, the Department of Health and Welfare determines the assignment of fiscal responsibility was inappropriate, the Department of Health and Welfare reassigns responsibility to the appropriate agency and makes arrangements for reimbursement of expenditures incurred by agency originally assigned fiscal responsibility within 60 days.
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	<p>The Department of Health and Welfare, as the lead agency, assures the reimbursement of agencies for the timely provision of services to infants and toddlers deemed eligible for early intervention services. If reimbursements are not made in a timely manner, the procedures include the following steps:</p> <ol style="list-style-type: none"> 1. Contact will be made by the Infant Toddler Program Manager with the appropriate personnel at the state agency of the given program; 2. If the issue is not resolved, then the director of the Department of Health and Welfare or his designee will contact the respective director of the state agency to solve the problem; 3. If request for funding is necessary, the request will be made by the Department to the Governor, Joint Finance Appropriation Committee, and Idaho Legislature. 4. Specific procedural requirements are established through interagency agreements to: <ol style="list-style-type: none"> a. assign financial responsibility to appropriate agencies; b. resolve interagency and intra-agency disputes; c. secure timely reimbursement of funds; d. assure that the control of funds and property bought with funds be maintained in a public agency; and e. assure that Part C funds do not supplant or commingle with existing federal, state and local funds. <p>To the extent necessary to ensure compliance with its action, the lead agency refers to the Early Childhood Coordinating Council or governor, and implements necessary procedures for the delivery of services in a timely manner.</p>
PARENT NOTIFICATION AND CONSENT FOR BILLING OF <u>PRIVATE</u> INSURANCE	<p>The Infant Toddler Program provides the parents a copy of the State's system of payments policy that identifies the potential costs that a parent may incur when their private insurance is used to pay for early intervention services under this part (such as copayments, premiums, or deductibles or other long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps under the insurance policy). That policy is provided when the Infant Toddler Program seeks to use the parent's private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and each time consent for services is required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the</p>

	<p>child's IFSP.</p> <p>Idaho may not use the private insurance of a child or parent to pay for Part C services without receipt of written consent from the child's parents. Consent is obtained on the <i>Financial Resources for Early Intervention</i> form which is completed at IFSP development prior to provision of initial services and reviewed annually.</p> <p>Idaho does not require a parent to pay any costs that the parent would incur as a result of the states use of private insurance to pay for early intervention services (such as copayments, premiums, or deductibles).</p> <p>When the family has private medical insurance and voluntarily agrees to use it for payment of early intervention services, arrangements are made upon parent request for the Infant Toddler Program to cover the deductible and co-payment costs in order to ensure no cost to the family. Parent request is made and documented using the <i>Financial Resources for Early Intervention</i> form, which is completed at least annually at the time the IFSP is developed. Families are informed that some insurance policies carry "lifetime benefits caps," which could be affected.</p> <p>Parental consent for billing of insurance must be obtained at the initial provision of service and when there are changes in service provision (frequency, length, duration, or intensity). These changes are authorized by the parent on the IFSP addendum form.</p> <p>The Infant Toddler Program makes available those Part C services on the IFSP to which the parent has provided consent, regardless of whether or not the parent provides consent to use private or public insurance resources. The lack of parental consent will not be used to delay or deny any service to that child or family.</p>
<p>PARENT NOTIFICATION AND CONSENT FOR USE OF <u>PUBLIC</u> BENEFIT OR INSURANCE</p>	<p>In Idaho there are no required costs associated with the State's using a child's or parent's public benefits or insurance to pay for part C services (such as copayments, deductibles, or required use of private insurance as the primary insurance.)</p> <p>In Idaho, Medicaid (the program managing public benefits in Idaho) and the Infant Toddler Program are both housed within the same agency; the Department of Health and Welfare. Because of this, an additional consent for disclosing a child's personally identifiable information to Medicaid for billing purposes need not be obtained by the</p>

	<p>Infant Toddler Program. The consent obtained by Medicaid when the family applies for public benefits allows sharing information between programs within the agency. This consent provides the necessary authorization to share personally identifiable information for billing purposes.</p> <p>With regard to using the public benefits or insurance of a child or parent to pay for Part C services, Idaho:</p> <ul style="list-style-type: none"> • May not require a parent to sign up for or enroll in public benefits or insurance programs as a condition of receiving Part C services and must obtain consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program. • Must obtain consent to use a child's or parent's public benefits or insurance to pay for Part C services if that use would: <ul style="list-style-type: none"> – Decrease available lifetime coverage or any other insured benefit for that child or parent under that program; – Result in the child's parents paying for services that would otherwise be covered by the public benefits or insurance program; – Result in any increase in premiums or discontinuation of public benefits or insurance for that child or that child's parents; or – Risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures. <p>Prior to using a child's or parent's public benefits or insurance to pay for Part C services, the Infant Toddler Program provides written notification to the child's parents. The notification includes:</p> <ul style="list-style-type: none"> • A statement that the parents have the right under confidentiality of information provisions to withdraw their consent to disclosure of personally identifiable information to the Idaho public agency responsible for the administration of Idaho's public benefits or insurance program (e.g., Medicaid) at any time; and • A statement of the general categories of costs that the parent may incur as a result of participating in a public insurance program. In Idaho, a parent may incur costs as a result of participation in Medicaid only if the parent is dually insured and has authorized billing for their early intervention services to both their private insurance and Medicaid. In this instance, they may be subject to costs such as private insurance co- payments or deductibles. However, upon parent request, part C funds can be used to reimburse the families for these costs. <p>The Infant Toddler Program makes available those Part C</p>
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	<p>services on the IFSP to which the parent has provided consent regardless of whether or not the parent provides consent to use private or public insurance resources.</p>
<p>PARENT NOTIFICATION AND CONSENT FOR USE OF PRIVATE INSURANCE <u>AND</u> PUBLIC BENEFITS</p>	<p>Parents may choose to allow use of their private <u>and</u> public insurance to pay for early intervention services. For families who are dually insured by both public and private insurance, parents are informed that Medicaid is required to seek reimbursement from the family's private insurance prior to claims being paid by Medicaid. Because of this, for families covered by both public (Medicaid) and private insurance, Idaho does not bill Medicaid without also having written permission to disclose information and to access the family's private insurance.</p> <p>The Idaho State Plan for Early Intervention under Part C of the Individuals with Disabilities Education Act (IDEA), Part III, Section 13, Policies and Procedures Relating to Financial Matters provides additional information regarding Financial Matters.</p>

CHAPTER 9 – EARLY INTERVENTION SERVICES

Early intervention services are available to all infants and toddlers with developmental delays/disabilities in the state and their families, including:

- Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the state.
- Infants and toddlers with disabilities who are homeless children and their families.
- Infants and toddlers with disabilities who are wards of the State.

Natural Environments:

- Natural Environments include settings that are natural or typical for a same-aged infant or toddler without a disability and may include the home or community settings.
- To the maximum extent appropriate to the needs of the child, early intervention services are provided in:
 - natural environments that infants and toddlers without disabilities would participate in, including the home and community settings; and
 - in settings other than the natural environment that are most appropriate as determined by the parent and the IFSP team, only when early intervention services cannot be achieved satisfactorily in a natural environment.

Early intervention service provider or EIS provider:

- Means an entity, whether public, private, or nonprofit or an individual that provides early intervention services under Part C of the IDEA, whether or not the entity or individual receives Federal funds under Part C of the IDEA, and may include, where appropriate, the state lead agency and a public agency responsible for providing early intervention services to infants and toddlers with disabilities in New Jersey under Part C of the IDEA. In New Jersey, such an entity is referred to as an early intervention provider agency and an individual is referred to as a practitioner hired by or under contract with an EI provider agency that is responsible for the supervision of the provision of early intervention services.
- An EIS provider agency/practitioner is responsible for:
 - Participating in the multidisciplinary individualized family service plan (IFSP) team's ongoing assessment of an infant or toddler with a disability and a family-directed assessment of the resources, priorities, and concerns of the infant's or toddler's family, as related to the needs of the infant or toddler, in the development of integrated goals and outcomes for the IFSP;
 - Providing early intervention services in accordance with the IFSP of the infant or toddler with a disability; and
 - Consulting with and training parents and others regarding the provision of the early intervention services described in the IFSP of the infant or toddler with a disability.

Early intervention services mean developmental services that:

- Are provided under public supervision;
- Are selected in collaboration with the parents;
- Are provided at no cost, except, subject to these policies and procedures, where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;
- Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the IFSP Team, in any one or more of the following areas, including:
 - (i) Physical development;
 - (ii) Cognitive development;
 - (iii) Communication development;
 - (iv) Social or emotional development; or
 - (v) Adaptive development;
- Meet the Idaho standards where the early intervention services are provided, including the requirements of Part C of the IDEA;
- Include services identified under this section;
- Are provided by qualified personnel, as defined in this section, including the types of personnel listed in this section;
- To the maximum extent appropriate, are provided in natural environments, as defined in this section and consistent with these policies and procedures; and
- Are provided in conformity with an IFSP adopted in accordance with IDEA and this section.

Early intervention services include the following services as defined in this section:

- 1) Assistive Technology Device - An Assistive Technology Service directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include the following:
 - An evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment.
 - Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities.
 - Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
 - Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those included in the Individual Family

Services Plan (IFSP) or those associated with existing educational and rehabilitative plans/programs.

- Training or technical assistance for a child with disabilities or, if appropriate, that child's family.
- Training or technical assistance for professionals, including individuals providing early intervention services or other individuals who provide services to, or who are otherwise substantially involved in the major life functions of children with disabilities.

2) Assistive Technology – Any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

- The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler in the child's customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for an infant or toddler with disabilities or, if appropriate, that child's family; and
- Training or technical assistance for professionals, including individuals providing education or rehabilitation services, or other individuals who provide services to or are otherwise substantially involved in the major life functions of infants and toddlers with disabilities.

3) Audiology – Audiology services include the following:

- Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques.
- Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures.
- Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment.
- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services.
- Provision of services for prevention of hearing loss.

- Determination of the child's need for individual amplification; including selecting, fitting, and dispensing appropriate listening and vibrotactile devices and evaluating the effectiveness of those devices.
- 4) Family Training, Counseling, and Home Visit Services - Family Training, Counseling, and Home Visits are services provided, as appropriate, by Social Workers, Psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.
 - 5) Health Services - Services necessary to enable an otherwise eligible child to benefit from the other early intervention services under Part C of IDEA during the time that the child is eligible to receive early intervention services. The term includes:
 - Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
 - Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services. The term does not include services that are:
 - (A) Surgical in nature, such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus;
 - (B) Purely medical in nature, such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose; or
 - (C) Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant. Nothing in Part C of IDEA limits the right of an infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes. Nothing in Part C of IDEA prevents the EIS provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly;
 - (D) Devices, such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps, necessary to control or treat a medical condition; and
 - (E) Medical-health services, such as immunizations and regular "well-baby" care that are routinely recommended for all children.
 - 6) Medical Services - Services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
 - 7) Nursing Services – Includes the following:
 - The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or

- potential health problems;
- Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- Administration of medications, treatments, and regimens prescribed by a licensed physician.

8) Nutrition Services: Includes the following:

- Conducting individual assessments in:
 - Nutritional history and dietary intake;
 - Anthropometric, biochemical, and clinical variables;
 - Feeding skills and feeding problems; and
 - Food habits and food preferences.
- Developing and monitoring appropriate plans to address the nutritional needs of children eligible under Part C of IDEA based on the assessment findings in this subsection; and
- Making referrals to appropriate community resources to carry out nutrition goals.

9) Occupational Therapy - Includes services to address the functional needs of an infant or toddler with a disability related to adaptive development; adaptive behavior and play; and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:

- Identification, assessment, and intervention;
- Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

10) Physical Therapy - Includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- Screening, evaluation, and assessment of children to identify movement dysfunction;
- Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

11) Psychological Services – Include the following:

- Administering psychological and developmental tests and other assessment procedures;
- Interpreting assessment results;
- Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

12) Service Coordination - Service Coordination services are activities carried out by a Service Coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state's Early Intervention Program.

Each child eligible under this part must be provided with one service coordinator who is responsible for the following:

- Coordinating all services required under this part across agency lines.
- Serving as the single point of contact for carrying out the activities described in this section.
- Service coordination is an active, ongoing process that includes the following:
 - Assisting parents of eligible children in gaining access to and coordinating the provision of early intervention services and other services required under this part.
 - Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) in the IFSP that the child needs or is being provided.
 - Facilitating timely delivery of available services.
 - Continuing to seek appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

13) Service Coordination Services - Assistance and services provided by a Service Coordinator to a child eligible under this part include:

- Assisting parents of a child with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making

referrals to providers for needed services and scheduling appointments for a child and their family.

- Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided.
- Coordinating evaluations and assessments.
- Facilitating and participating in the development, review and evaluation of IFSPs.
- Conducting, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner.
- Conducting follow-up activities to determine that appropriate Part C services are being provided.
- Informing families of their rights and procedural safeguards, as set forth in this part and related resources.
- Coordinating the funding sources for services required under this part.
- Facilitating the development of a transition plan to preschool, school, or if appropriate, to other services.

The lead agency's or an EIS provider's use of the term service coordination or service coordination services does not preclude characterization of the services as case management or any other service that is covered by another payor of last resort (including Title XIX of the Social Security Act--Medicaid), for purposes of claims in compliance with the requirements of §§303.501 through 303.521 (Payor of last resort provisions). (Authority: 20 U.S.C.1432(4),1435(a)(4),1436(d)(7),1440)

14) Sign Language and Cued Language Services - Include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services, such as amplification, and providing sign and cued language interpretation.

15) Social Work Services – Include the following:

- Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- Preparing a social or emotional developmental assessment of the infant or toddler, within the context of the family;
- Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents;
- Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's

maximum utilization of early intervention services; and

- Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.

16) Special instruction – In Idaho, special instruction is frequently called, but not limited to developmental therapy and includes the following:

- The design of learning environments and activities that promote the infant or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability;
- Providing families with information, skills, and support related to enhancing the skill development of the child; and
- Working with the infant or toddler with a disability to enhance the child's development.

17) Speech-Language Pathology Services – Include the following:

- Identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and
- Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.

18) Transportation and Related Costs - Includes the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child's family to receive early intervention services.

19) Vision Services - Means the following:

- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

The following are the types of qualified personnel who provide early intervention services under Part C of IDEA:

- Audiologists
- Family therapists
- Nurses
- Occupational therapists
- Orientation and mobility specialists
- Pediatricians and other physicians for diagnostic and evaluation purposes
- Physical therapists
- Psychologists
- Registered dietitians
- Social workers
- Special educators, including teachers of children with hearing impairments, including deafness and teachers of children with visual impairments, including blindness.
- Speech and language pathologists
- Vision specialist, including Ophthalmologists and Optometrists

Other services:

- The services and personnel identified and defined in this section do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services.
- Nothing in this section prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in this section or of another type of personnel that may provide early intervention services in accordance with Part C of IDEA, provided such personnel meet the requirements in these policies and procedures.

CHAPTER 10 - INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

The Individualized Family Service Plan (IFSP) is a written plan outlining the provision of service for the eligible child and family. The IFSP is based on the evaluation and assessment results, includes specific information specified in §303.344, is implemented as soon as possible once parental consent for early intervention services in the IFSP is obtained, and is developed in accordance with the IFSP procedures in §§303.342, 303.343, and 303.345.

The Infant Toddler Program must ensure the development, review, and implementation of an IFSP developed by a multidisciplinary team for each eligible infant and toddler. A meeting to develop the initial IFSP must be completed within 45 days from the date the Program or EIS provider receives the referral of the child unless:

- The child or parent is unavailable to complete the screening, initial evaluation, initial assessment of the child and family, or
- The initial IFSP meeting is delayed due to an exceptional family circumstance or the parent has not provided consent for the screening, initial evaluation, or the initial assessment of the child and family.

The contents of the IFSP must be fully explained to the parents and informed written consent obtained prior to the provision of early intervention services described in the IFSP. Each early intervention service must be provided as soon as possible after the parent provides consent for that service.

Six Month Review

A periodic review of the IFSP for the child and their family must be completed every six months or more frequently if conditions warrant, or if the family requests such a review. The purpose of a periodic review is to determine:

- The degree to which progress towards achieving the results or outcomes identified in the IFSP is being made; and
- Whether modifications or revisions of the results, outcomes, or early intervention services identified in the IFSP is necessary.

The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants (e.g. phone call).

Annual Review

A meeting must be conducted on at least an annual basis to evaluate and revise, as appropriate the IFSP for a child and their family. A new IFSP is created at the Annual Review. The results of any current evaluations and other information available from the assessments of the child and family must be used in determining early intervention services that are needed and will be provided.

IFSP Meetings

- IFSP meetings must be conducted in settings and at times that are convenient for the family and in the native language of the family or other mode of communication used by the family, unless it is clearly feasible to do so. Meeting arrangements must be made with, and written notice provided to, the family and other participants using the Invitation to IFSP Meeting form. The invitation must be sent out early enough before the meeting date to ensure that they will be able to attend. Each initial meeting and annual IFSP team meeting to evaluate the IFSP must include the following participants: The parent or parents of the child.
- Other family members, as requested by the parent, if feasible to do so.
- An advocate or person outside of the family, if the parent requests that the person participate.
- The service coordinator responsible for implementing the IFSP.
- A person or persons directly involved in conducting the evaluations and assessments.
- As appropriate, persons who will be providing early intervention services to the child or family.
- If any person listed above is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including one of the following:
 - Participating in a telephone conference call.
 - Having knowledgeable authorized representatives attend the meeting.
 - Making pertinent records available at the meeting.

Required IFSP Content

The IFSP must include a statement of the infant or toddler with a disability's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development based on the information from the child's evaluation and assessments.

With concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child as identified through the assessment of the family.

The IFSP must include a statement of the measurable results or measurable outcomes expected to be achieved for the child (including pre-literacy and language skills, as developmentally appropriate for the child) and family and the criteria, procedures, and timelines used to determine:

1. The degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and
2. Whether modifications or revisions of the expected results or outcomes, or early intervention services identified in the IFSP are necessary.

The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and family to achieve the results or outcomes including:

1. The length, duration, frequency, intensity, and method of delivering early intervention services;
2. A statement that each early intervention service is provided in the natural environment for the child or service to the maximum extent appropriate, or a justification as to why an early intervention service will not be provided in the natural environment. The determination of the appropriate setting for providing early intervention services to an infant or toddler with a disability, including any justification for not providing a particular service in the natural environment for the child must be:
 - a. Made by the IFSP team (which includes the parent and other team members);
 - b. Consistent with the provisions in §§303.13(a)(8), 303.26, and 303.126; and
 - c. Based on the child's outcomes that are identified by the IFSP team.
3. The location of the early intervention services; and
4. The payment arrangements, if any.

To the extent appropriate, the IFSP also must:

1. Identify medical and other services that the child or family needs or is receiving through other sources, but are neither required nor funded under Part C, IDEA; and
2. If the medical and other services are not currently being provided, include a description of the steps the service coordinator or family may take to assist the child and family in securing those other services.

The IFSP must include:

1. The projected date for the initiation of each early intervention service, which date must be as soon as possible after the parent consents to the service; and
2. The anticipated duration of each service.

The IFSP must include the name of the service coordinator from the profession most relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities), who will be responsible for the early intervention services identified in a child's IFSP, including transition services, and coordination with other agencies and persons.

The IFSP must include steps and services to be taken to support the smooth transition for the child from part C services to:

- Preschool services under Part B of the Act, to the extent that those services are appropriate;
- Part C services under §303.211; or
- Other appropriate services.

The steps necessary to support the smooth transition include:

- Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition;
- Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in a new setting;
- Confirmation that child find information about the child has been transmitted to the LEA or other relevant agency, and, with parental consent, transmission of additional information needed by the LEA to ensure continuity of services from the part C program to the part B program, including a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP developed; and
- Identification of transition services and other activities that the IFSP team determines are necessary to support the transition of the child.

CHAPTER 11 – TRANSITION

Overview

Transitions are times of change or modification in services or personnel for children and families. A significant transition occurs when a child reaches age three (3) and the child and family is no longer eligible for early intervention services under the Infant Toddler Program. Upon reaching age three (3), a child may be eligible for services through the local educational agency (LEA). Planning for transition is an ongoing interagency process that explores options and provides information, support, and linkages to new situations and services. Joint planning between agencies is necessary to ensure a smooth and effective transition for children and their families.

Discussions about transition from the early intervention system will begin at the IFSP meeting closest to the child's second (2nd) birthday to help prepare the family and allow time to coordinate between agencies. Transition activities that need to be accomplished by The Infant Toddler Program prior to age three include the following:

- Orient the family to the concept of transition, the transition process, and possible community resources for when the child turns three (typically this occurs on an ongoing basis between 2 years 3 months of age and 90 days prior to age 3 (except for late referrals between 89 and 46 days prior to the 3rd birthday).
- Assist the family to review the child's program options that will be available at age three. Options will vary depending upon child's age, geographic location, unique interests/resources and capabilities of the child and family. Sharing information about a variety of community partners is encouraged- including HS, child care centers, private preschool, community groups, or LEA preschool, etc.
- Develop a transition plan as part of the IFSP nearest 2 years 6 months of age that includes the steps and services to ensure a smooth transition to LEA preschool special education or other community services as appropriate.
- Make a referral to the receiving agency.
- Schedule a transition conference with the receiving agency with parent approval.

Transition activities that need to be accomplished by Part B for children who are referred to Part B by Infant Toddler Program to determine eligibility for preschool special education services and to ensure that IEP can be developed and implemented by the child's third birthday include the following:

- Provide information to family about Part B when notification is received
- Participate in the transition conference and provide parents at the conference with information about LEA preschool services
- Obtain consent from the parent for initial evaluation
- Review Infant Toddler Program's and other existing information to identify additional data needed to determine whether the child is eligible for Part B services
- Conduct initial evaluation and determine eligibility within state timelines
- Invite ITP service coordinator to IEP meeting, if parent requests
- Conduct IEP meeting, develop IEP, and receive consent for initial placement from parent

Transition issues may include the shift from one service system to another, differences in eligibility requirements, new demands for child participation, differing expectations for child behavior and “readiness”, new types and levels of staff involvement and training, and philosophical shifts in intervention models. Careful and thoughtful joint planning by the local early intervention program and the local school district (LEA) will promote smooth and coordinated movement between programs and services.

Notification to State Educational Agency (SEA) and Local Education Agency (LEA)

Under Part C of IDEA, the Infant Toddler Program is responsible for notification to the State Department of Education (SEA) and a Local Educational Agency (LEA)/School District for potentially eligible children who are at least 2 years 6 months of age. Parental consent is not required for this notification; notification will be provided on all potentially eligible children, even if a parent is uncertain or not interested in pursuing Part B eligibility or services.

Notification to the SEA and LEA of children who are potentially eligible for Part B services at age three is required in accordance with IDEA. This information about potentially eligible children will be used for planning within the LEA and for measurements of Annual Performance Report (APR) Part C Indicator 8b and Part B Indicator 12a.

a. The Infant Toddler Program will provide an encrypted list of all potentially eligible children reaching 2 years 6 months of age, including the child’s name, date of birth, and parent contact information (names, addresses and telephone numbers) to each school district and to the State Department of Education on a monthly basis. This may also include the service coordinator’s name and contact information and the language(s) spoken by the child and family to further assist the LEA in meeting the child find responsibilities. Some children with significant involvement may require intensive transition planning; In these instances, it may be necessary and is appropriate to provide notification as early as 2 years 3 months of age.

b. This limited child find information will be provided electronically to the LEA. This notification is a referral for Part B services.

c. To Accomplish Notification to the SEA (State Department of Education), an electronic and encrypted copy of the list of all potentially eligible children will be sent to the 619 Coordinator at the SDE on a monthly basis within the specified date range. The subject line should contain the District number, month and year, and region number. Please attach individual documents for each district being reported . This notification will be emailed to the following address: InfantToddlerNotification@sde.idaho.gov

The following definition of “potentially eligible” will be used:

A child **is potentially eligible** and should be referred to the LEA for transition planning and a Referral to Consider Special Education Evaluation if they meet the following conditions:

- Child is over age 2.6 and is eligible for Early Intervention services, and
- Child **is eligible** for Part C under the category of “Developmental Delay” (DD), or
- Child **is eligible** for Part C under the category of “Established Condition” (EC).

A child **is NOT potentially eligible** and should NOT be referred to the LEA for transition planning and a Referral to Consider Special Education Evaluation if they meet the following conditions:

- Child is over age 2.6 and has an active IFSP, and
- Child is eligible for Part C services under the category of “Informed Clinical Opinion” (ICO).

d. After notification, the LEA will do the following:

- i. Make contact with the family and
 - Provide notice of procedural safeguards.
 - Provide written information about the Part B and early childhood special education services. This information may be provided in person at a transition conference or by mail.
- ii. Complete the appropriate referral and evaluation responsibilities according to Section E & F below.

Development of IFSP Transition Plan

In Idaho, discussion about the upcoming transition from Infant Toddler Program to other services will begin during the IFSP meeting nearest the child’s 2nd birthday. At the IFSP meeting nearest 2.6 years of age, the team is responsible for developing the transition plan as part of the IFSP.

The transition plan must include steps and services needed to support the transition of the child and family to preschool special education or other appropriate services. This planning must address the following:

- Discussions with parents regarding a transition conference that occurs no later than 2 years 9 months of age, future placement options, and the potential benefits of participation in early childhood learning programs;
- Procedures to prepare the child and family for changes in service delivery, including steps to help the child adjust to and function in a new learning environment; and
- If appropriate, plans for transmitting information about the child to the LEA to ensure continuity of services. With parental consent, information to be shared may include evaluation and assessment information and copies of IFSPs.
- Options available from the child’s third birthday through the remainder of the school year.

The transition plan is revised at subsequent IFSP meetings and/or the transition conference as appropriate.

Transition Conference to Discuss Services

The purpose of the transition conference is to introduce the child/family to program or service options the child may access after age three. Unless the parent requests otherwise, the Infant Toddler Program agency is required to invite an LEA representative to the transition conference for those children that are “potentially eligible” for Part B services.

The transition conference takes place as part of an IFSP meeting and must be held at least 90 days before the child turns 3 (and at the discretion of all parties, up to 9 months before their third birthday). The transition conference typically occurs between 2 years 6 months and 2 years 9 months. However, for children with complex needs or those requiring more time, it can be scheduled as early as 2 years 3 months of age. Timing will vary according to local protocol and the unique needs of the family.

Transition planning should occur for all children exiting the early intervention system. If a child with a disability is not potentially eligible, reasonable efforts should be made to hold a conference to discuss other appropriate service the child may receive.

Cross-agency planning may require sharing specific and personally identifiable information about a child (such as the most recent evaluations or medical diagnosis reports) with people outside the early intervention system. The ITP service coordinator must obtain written consent from the parent prior to exchange or release of information about their child.

All families are routinely provided written information about Part B services by their ITP service coordinator. If a parent is not interested in Part B services, or does not provide consent to share evaluation and service information with the LEA, transition planning will proceed without participation of the LEA. However, the LEA must still provide information to these families as specified above in Level 2(c).

If the family is interested in receiving early childhood special education services in their local school district, the Infant Toddler Program staff will prepare a written invitation to a transition conference and provide it to the parent, school district staff, early intervention providers, and others as requested by the family.

For a toddler who may be eligible for services under Part B, the conference includes representatives from the lead agency, the family of the toddler, and the LEA. For a toddler who is not potentially eligible, the conference includes representatives from the lead agency, the family of the toddler, and providers of other appropriate services.

Prior to the conference, the ITP service coordinator may share information about the child with school district staff as negotiated through the Interagency Protocol and specified in the Consent to Release Information form signed by the parent (i.e. the most recent evaluations and reports).

This information will assist the LEA in determining whether or not a child is suspected of having a disability under Part B.

The LEA is required to participate in the transition conference; however if the LEA does not participate in the conference, the Infant Toddler Program must still hold a transition conference at least 90 days (and at the discretion of all parties, up to nine months) prior to the child's third birthday and must have invited the LEA representative to the conference.

The meeting may also include other providers such as Head Start (if the local program grant allows for service provision to 3 yr olds), Idaho Educational Services for the Deaf and Blind and other community programs/resources the family is currently involved with or is interested in accessing.

The following activities must occur at the transition conference:

- With written parental consent to release information, review existing evaluation and service information that are reflective of the child's current development and performance.
- Provide information about Part B preschool services (including a description of the Part B eligibility definitions, state timelines and process for consenting to an evaluation and conducting eligibility determinations under Part B, and the availability of special education and related services)
- Review the child's options from the child's third birthday through the remainder of the school year.
- Determine whether the forms titled *Referral to Part B for Special Education Evaluation* and *Consent for Assessment* are appropriate.

The following may occur at the transition conference:

- Coordinate activities between the family and receiving agency, such as making arrangements to share information, meet the teacher, explore the classroom
- Modify the IFSP to address specific steps/actions needed to assure child and family are well prepared to be successful in the new location (orient to new environment and activities, riding bus, etc., review AT needs and update if necessary, work on needed skills such as separation, participation in group, following directions, etc.)
- Assure that parents have received and understand their rights and protections under Part B (prior notice and parent consent requirements under 34 CFR 300.504-300.505).
- If appropriate, complete referral forms (Part B Form 330a, Referral to Consider Special Education Evaluation), review existing evaluation/assessment information, obtain consent for initial evaluation, and determine eligibility for Part B. These tasks may also occur in subsequent meetings. (See the Sections E-Referral and F-Evaluations and Eligibility Determination below)

Referral to Part B Preschool Special Education Services

If the child will be/is referred to the LEA to determine eligibility for Part B services, both Infant Toddler Program and the LEA must complete certain activities.

The Infant Toddler staff or Service Coordinator must get written parental consent to release information (use form HW0322 Authorization for Disclosure). Then the following documents will be compiled and included in a referral packet:

- Signed “consent to release information”
- Existing ITP evaluations/assessments, including specific test/cut off scores when available
- Current IFSP

The LEA must:

- Review or complete a *Referral to Consider a Special Education Evaluation form*.
- Provide the parent a copy of the *Procedural safeguards Notice* and discuss and explain their importance.
- Afford the parent an opportunity to provide input regarding the need for and scope of the initial evaluation.
- Review all available information and records, including family and health history, and previous assessments and evaluations conducted if parental consent for release of information has been obtained by Infant Toddler Program (use form HW0322 Authorization for Disclosure).
- Decide what additional information, if any, is needed. If additional assessments are needed, parental consent must be obtained by the LEA and written notice provided to the parent. This review and determination process can take place at a face-to-face meeting of the evaluation team or through an alternate format, unless the parent desires that a meeting be held.
- If the child is determined eligible, the IEP must be developed and implemented by the child’s 3rd birthday.
- If the team determines that the student is not eligible for Part B services, the team should seek other avenues for services to meet any identified needs. **Written notice of the district’s decision** shall be provided to the parent.

Unique Circumstances: Late Referral to Infant Toddler Program, Late Referrals to Part B from ITP , and Summer Birthdays

1. ***“Late Referral” to Infant Toddler Program*** – For children who are referred to ITP late (after 2 years 6 months of age), different procedures will be followed in making transition based upon the child’s age when referral occurs.
 - a. Children referred to Infant Toddler Program between 2 years 6 months and 2 years 9 months of age - Children who are referred to ITP between 180 days and 90 days prior to the child’s third birthday must have the following activities completed by the Infant Toddler Program:

- i. Evaluation and assessment and eligibility determination
- ii. If eligible, an IFSP outlining the services required, including a strong focus on steps and services necessary to effectively transition the child and family into the next learning environment at age 3
- iii. Notification of children who are potentially eligible is provided to the SEA and LEA as soon as possible after IFSP is completed. This will ensure that the LEA has sufficient time to complete the initial evaluation for eligibility within the required timelines and develop an IEP by the child's third birthday. (Please see section B, *Level 2b* for definition of potentially eligible.)
- iv. A Transition Conference prior to 90 days before the child's third birthday. For children referred close to 90 days before the child's third birthday, the transition conference should be held at the initial IFSP meeting. (See *D. Transition Conference* above for more information about Transition Conference requirements).

LEA must complete all responsibilities related to the initial evaluation for determining Part B eligibility and IEP Development (For more detail, see section *F, Evaluation and Eligibility for Part B*, and section *G, IEP Development*).

- b. Children referred to Infant Toddler Program between 2 years 9 months and 2 years 10.5 months of age - Children who are referred to ITP between 90 and 45 days prior to the child's third birthday may have simultaneous eligibility determinations made for Part C and Part B. The following activities must be completed:
 - i. Infant Toddler Program informs the family about early intervention services ending at age 3 and provides the SEA and LEA notification of a potentially eligible child at the same time they are initiating services through the Infant Toddler Program. This will assist the LEA to complete the initial evaluation for eligibility determination within the required timelines.
 - ii. Evaluation/assessment and eligibility determination are completed for ITP and Part B according to local interagency protocol agreements. (Note: The LEA is responsible for completing all responsibilities related to the initial evaluation for determining Part B eligibility and IEP development by age three. For more information, see section F, *Evaluation and Eligibility for Part B* and section G, *IEP Development*.)
 - iii. If child is eligible for Part C services, an IFSP is developed. The plan will include outcomes that focus on skill development, activities geared to preparing the child/family for success in the next program setting, and steps and services required to effectively transition the child into the next learning environment at age 3 (e.g., transition plan).

For children who are also found eligible for Part B, the initial IFSP meeting may be held in conjunction with the initial IEP meeting to ensure that both

Part C and B timelines can be met. To minimize unnecessary plan development and to ensure compliance with Part C and Part B requirements and timelines, **a supplement to the IEP may be completed by Infant Toddler Program staff in lieu of development of a full IFSP.** At a minimum, this supplement will address the child's service needs, contain steps and services to support transition (a transition plan), and outline needed service coordination activities.

- c. Children referred to Infant Toddler Program between 2 years 10.5 months of age and the child's third birthday - If ITP receives a referral on a child extremely late (within 45 days of the child's third birthday) the child will be referred immediately to Part B using whatever information is available on the child (e.g., basic demographic information). The child will not have a Part C evaluation or IFSP developed. For these children, the LEA treats them as new referrals and not children transitioning from Early intervention and as a result Part B is not required to develop an IEP prior to the child's third birthday. All requirements related to conducting an initial evaluation for eligibility determination including timelines, must be met.
2. **Late Referrals to the LEA from Infant Toddler Program** - ITP is required to provide timely notification of potentially eligible children to Part B and convene a transition conference at least 90 days before the child's third birthday for children who were referred to ITP more than 90 days before the child's third birthday. In the event ITP fails to do so, the LEA is responsible for ensuring that an initial evaluation under Part B is completed and, if the child is determined eligible under Part B, an IEP is developed and implemented by the child's third birthday, even if the 60 day timeline for conducting an initial evaluation expires after the child's third birthday. It is the responsibility of both the Infant Toddler Program and the LEA to work collaboratively to ensure children who are potentially eligible for Part B receive timely transitions.
3. **Summer birthdays** – State rules specify that school districts are not required to provide services when school is not in session for greater than 5 days. As a result, timing around transition planning for children who turn age three during the summer months must be adjusted to assure the transition can be completed in an effective manner. It is critical that agencies work together to ensure that there is timely notification of potentially eligible children (referral to Part B) and transition conferences to ensure that Part B eligibility determination can occur and IEP is developed prior to end of the school year.

The requirement for eligibility to be determined and an IEP developed for the child prior to their third birthday remains in place. The LEA remains responsible for assuring appropriate information/evaluations are available to determine Part B eligibility and have an initial IEP or modified IFSP developed prior to age three.

Options include:

- prior to the summer months, develop the initial IEP and amend if necessary when school is in session.
- prior to the summer months, modify the IFSP to serve as the IEP throughout the summer and complete an IEP once school is in session
- determine if the child is in need of extended school year services under Part B. The Local Interagency Protocol will define the process between agencies to share data needed to determine ESY eligibility. For more details, see Section G, *IEP Development*.

Infant Toddler Program transition plans should explore other community options available to children for the summer months.

Evaluation and Eligibility for Part B

The LEA is responsible for making decisions regarding evaluation, assessments and eligibility for Part B, not Infant Toddler Program staff. However, Part C and Part B staff should make use of and align available assessment/test information (i.e. test or cut off scores) needed for meeting eligibility criteria and to avoid duplication of efforts and additional time for assessment.

Evaluation refers to the procedure used to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs.

Assessment is integral to the evaluation process and includes the formal or informal processes of systematically observing, gathering, and recording credible information to help answer evaluation questions and make decisions. Assessments and data may include standardized or non-standardized, criterion-referenced (e.g. curriculum-based measures), observations, interviews, medical reports, etc. LEA is responsible for ensuring the following:

- The evaluation team includes the same membership as the individualized education program (IEP) team, although not necessarily the same individuals. Membership must include at least the parent, district administrator, special education teacher, general education teacher, individual who can interpret implications of evaluation results and other individuals who have knowledge or special expertise regarding the child.
- Written notice is provided and informed written consent is obtained for an initial evaluation to determine eligibility for Part B services (even if no new assessments are being conducted).
- The initial evaluation is comprehensive and consists of procedures to determine whether the child has a disability according to the established Idaho eligibility criteria; the child's condition adversely affects academic performance; and whether the student needs special education and related services.

- Eligibility for Part B services can be determined at a transition meeting or at an eligibility/IEP meeting, if sufficient information is available and if required team members participate.
- Assessment data is reviewed with the parent, eligibility is determined and parents are given a copy of the Eligibility Report (Form 380).
- According to Idaho Code, the timeline between receiving written consent for initial assessment and determining eligibility cannot exceed 60 calendar days, excluding periods when regular school is not in session for five or more consecutive school days. LEA's then have 30 days to complete and implement the IEP, also excluding periods when regular school is not in session for five or more consecutive school days.
- Early Childhood Outcome entry data is reported accurately and in a timely manner. Infant Toddler Program exit outcome data can be used for Part B entry outcome data, if available and accurately reflects the child's current performance ITP and Part B should coordinate the collection and sharing of outcome data in a timely manner to minimize duplication of efforts. If the child has participated in Early intervention for at least 6 months, ITP should provide the LEA a copy of the completed Child Outcome Summary Form as soon as possible and no later than 30 days after the child turns three. (Please note: This process could also be reversed so Part B intake evaluations and ECO scores are used by Infant Toddler Program to inform ITP exit ECO scores).

IEP Development

The LEA is responsible for developing an Individualized Education Plan (IEP) for all children who received services under Part C and have been determined eligible under Part B prior to the child's 3rd birthday.

- The IEP may be developed at a transition planning meeting (if all required IEP members are in attendance and procedural safeguards requirements have been met) or at another meeting prior to the child's third birthday. The meeting to develop the IEP shall be held at least within 30 days of a determination that the student is eligible and needs special education and related services.
- The **IEP team** must include at least the parent, district administrator, special education teacher or service provider responsible for implementing the IEP, general education teacher, individual who can interpret implications of evaluation results and other individuals who have knowledge or special expertise regarding the child. A Part C representative will also be a member of the initial IEP team, if requested by the parent.
- Parents shall be informed of their right to invite ITP representatives to the initial IEP meeting.
- The IEP team, including the parent, will develop an IEP or accept the IFSP, which includes the IEP components. The district must consider the IFSP content, but are not

required to use it as an IEP. If the district and parent agree to use an IFSP as the initial IEP, the district shall provide the parent with a detailed explanation of the differences between an IFSP and an IEP and obtain written consent. If the IFSP will serve as the initial IEP, the additional IEP components that must be included are transportation, statewide testing, ESY, LRE, annual goals, special considerations, etc.

- The IEP/IFSP team, including the parent, will review all service and placement options after annual goals are selected. Placement discussion should be centered on the least restrictive environment in which the goals can be addressed with supports and accommodations. The LEA, considering information from the ITP, must also determine the need for Extended School Year Services (ESY). The Local Interagency Protocol will define the process between agencies to share data needed to determine ESY eligibility. For more details, see Section G, *IEP Development*.
- The LEA shall obtain **parental Consent for Initial Placement** in Part B services.

Provision of Services

The school district must determine eligibility, have the IEP developed, and have services implemented according to the start date on the IEP (or IFSP if the parent agrees to adopt the IFSP) by the child's third birthday to ensure that the child does not lose services as a result of the transition.

- When a child who is eligible for Part B turns three between September and May, the child will transition into the local school districts Part B program at age three.
- If the child's third birthday occurs during the summer, the IEP team must consider the date when the services under the IEP will begin. The IEP team determines if ESY services are required and if no ESY services are needed, the date of initiation of services may be at the beginning of the school year and the IEP is considered "implemented" by the child's third birthday.

